

CITY OF BALTIMORE

ONE HUNDRED AND TWENTY-SEVENTH
ANNUAL REPORT

OF THE

DEPARTMENT OF HEALTH

1941



*To the Mayor and City Council of Baltimore for the
Year Ended December 31, 1941*

He won campaign after campaign but never fought a battle; haste was unknown to him, or anger or the exuberant joy of putting an opponent down . . .

He criticized only indirectly through suggesting something better.

Flexner and Flexner
William Henry Welch, 1941

DEPARTMENT OF HEALTH

Commissioner, HUNTINGTON WILLIAMS, M.D., Dr.P.H.

Assistant Commissioner, ROSS DAVIES, M.D., M.P.H.

Secretary, REED GAITHER

ADMINISTRATIVE SECTION

Administration.....	HUNTINGTON WILLIAMS, M.D., Dr. P.H.
Vital Statistics.....	W. THURBER FALES, Sc.D.
Health Information.....	ESTHER S. HORINE
	DOROTHY REGINA KALBEN
Laboratories.....	C. LEROY EWING
Eastern Health District.....	C. HOWE ELLER, M.D., Dr.P.H.
Western Health District.....	ALFRED C. MOORE, M.D.
Druid Health Center.....	H. MACEO WILLIAMS, M.D., M.P.H.
Southeastern Health District.....	JOHN A. SKLADOWSKY, M.D.

MEDICAL SECTION

Communicable Diseases.....	DAVID H. ANDREW, M.D., C.P.H.
Sydenham Hospital.....	MYRON G. TULL, M.D., M.P.H.
	HORACE L. HODES, M.D.
Tuberculosis.....	MIRIAM BRAILEY, M.D., Dr.P.H.
Venereal Diseases.....	FERDINAND O. REINHARD, M.D., M.P.H.
	RALPH F. SIKES, M.D., M.P.H.
Occupational Diseases.....	JOHN M. McDONALD, M.D., D.P.H.
Child Hygiene.....	WILLIAM K. SKILLING, M.D.
School Hygiene.....	H. WARREN BUCKLER, M.D.
Public Health Nursing.....	JANE B. LAIB, R.N.

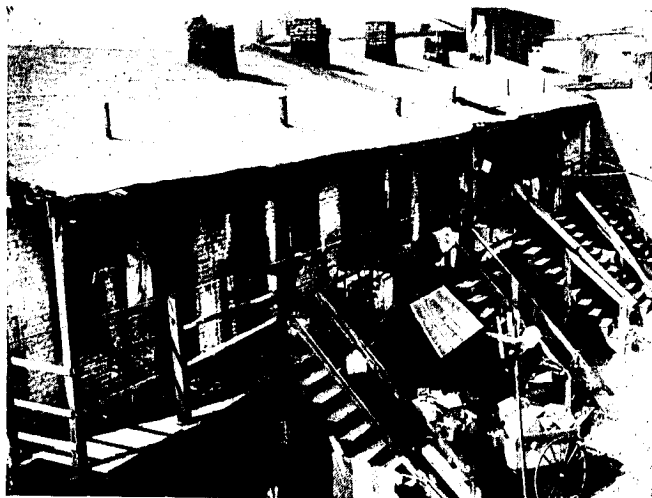
SANITARY SECTION

WILMER H. SCHULZE, Phar. D., Director

Milk Control.....	IVAN M. MARTY
Food Control.....	FERDINAND A. KORFF
Meat Inspection.....	WILLIAM BRENNER, D.V.S.
Environmental Hygiene.....	GEORGE W. SCHUCKER

Learn to Do Your Part in the Prevention of Disease

Winter Street



Evening Sun Photograph

Before



After

*Another Slum
That Is No More*

CONSULTANTS

DR. THOMAS S. CULLEN,
Member, Maryland State Board of Health.

DR. ARTHUR G. BARRETT,
President, Maryland Academy of Medicine and Surgery.

DR. J. M. T. FINNEY,
Professor Emeritus of Surgery, Johns Hopkins Medical School.

DR. ALLEN W. FREEMAN,
*Professor of Public Health Administration,
Johns Hopkins School of Hygiene and Public Health.*

DR. ANDREW C. GILLIS,
Professor of Neurology, School of Medicine, University of Maryland.

DR. LOUIS HAMBURGER,
Associate in Medicine, Johns Hopkins Medical School.

DR. ARTHUR J. LOMAS,
Administrative Consultant, Catholic Hospitals of Maryland.

DR. MAURICE C. PINCOFFS,
Professor of Medicine, School of Medicine, University of Maryland.

DR. ROBERT H. RILEY,
Director, Maryland State Department of Health.

DR. JAMES M. H. ROWLAND,
Dean Emeritus, School of Medicine, University of Maryland.

DR. ARTHUR M. SHIPLEY,
Professor of Surgery, School of Medicine, University of Maryland.

DR. SAMUEL WOLMAN,
President, Maryland Tuberculosis Association.

ADVISORY COMMITTEE ON SANITATION

DR. WILLIAM H. HOWELL, *Chairman,*
Director Emeritus, Johns Hopkins School of Hygiene and Public Health.

DR. ANNA M. BAETJER,
Associate in Physiology, Johns Hopkins School of Hygiene and Public Health.

DR. C. B. SPENCER,
*Passed Assistant Surgeon, United States Public Health Service,
in charge of the Baltimore Quarantine Station.*

MR. GEORGE COBB,
Chief Engineer of Baltimore.

DR. JAMES E. IVES,
*Senior Physicist of the Office of Industrial Hygiene and Sanitation, retired,
United States Public Health Service.*

DR. ABEL WOLMAN,
*Professor of Sanitary Engineering,
Johns Hopkins School of Hygiene and Public Health.*

MEDICAL STAFF

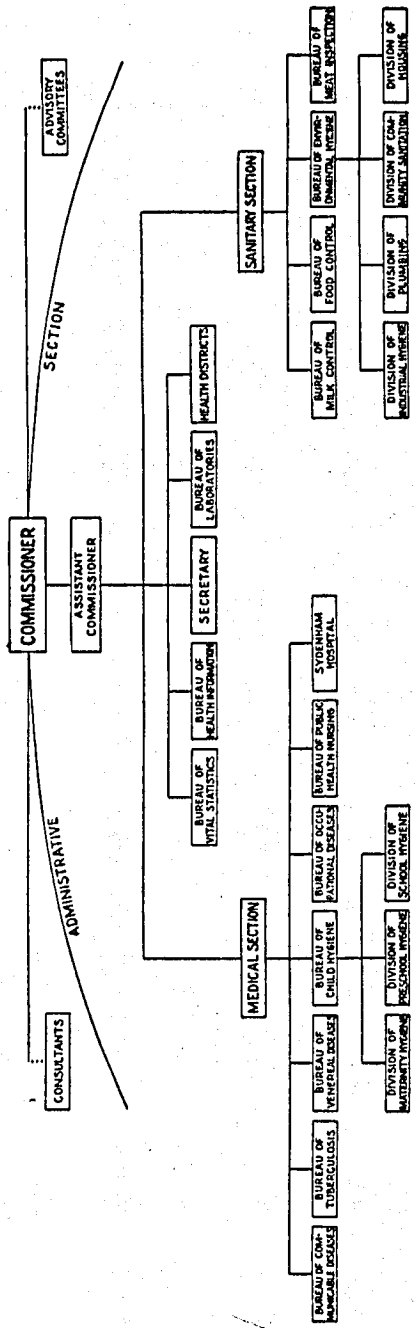
MAURICE L. ADAMS, M.D., v	ISIDORE I. LEVY, M.D. t
JOHN M. ASHWORTH, M.D., h o c	LUCILLE LIBERLES, M.D. h o
M. L. BREITSTEIN, M.D., ca	HARRY LINDEN, M.D. v
HARRY BROWN, M.D. c	AMELIA LINK, M.D. h o
G. RAYNOR BROWNE, M.D. v	O. L. LONG, M.D. h o
WILLIAM BERKLEY BUTLER, M.D. v	FRANCIS J-B. LUKE, M.D. v
CHARLES R. CAMPBELL, M.D. v	GEORGE McDONALD, M.D. v
JAMES D. CARR, M.D. v	HUGH B. McNALLY, M.D. m
EARLE P. CLEMSON, M.D. v	JAY G. McRAE, M.D. h o
J. W. V. CLIFT, M.D. c	ISRAEL P. MERANSKI, M.D. v
HENRY T. COLLENBERG, M.D. v	EDGAR G. MILLER, M.D. h o c
JOHN COLLINSON, M.D. v	MEYER MILLER, M.D. c
THEODORE COOPER, M.D. t	M. ALEXANDER NOVEY, M.D. m
ROSCOE Z. G. CROSS, M.D. h o	THOMAS R. O'ROURK, M.D. ey
W. ALLEN DECKERT, M.D. m	GEORGE C. PAGE, M.D. v
BERNARD GERMAN, M.D. s	GEORGE H. PENDLETON, M.D. v
HARRIS GOLDMAN, M.D. v	D. McKINLEY REESBY, M.D. h o
HARRY C. GRANT, M.D. h o	A. L. RETTALIATA, M.D. h o
WALTER E. GREMPER, M.D. c	LEWIS J. ROSENTHAL, M.D. h o
LOUIS E. HARMON, M.D. v	ALBERT SCAGNETTI, M.D. c
JAMES B. HAWKINS, M.D., h o	J. DOUGLAS SHEPPERD, M.D. v
JOHN M. HAWS, M.D. m	ERNEST W. SHERVINGTON, M.D. v
MANES S. HECHT, M.D. c	ISADORE A. SIEGEL, M.D. m
WILLIAM G. HELFRICH, M.D. p	WILLIAM A. SINTON, M.D. h o
BOWMAN J. HOOD, M.D. v	GEORGE A. STRAUSS, M.D. v
LEON S. HORKA, M.D. h o	J. WALKER THOMAS, M.D. h o
HUGH P. HUGHES, M.D. h o	HOWARD H. WARNER, M.D. h o
HOWARD J. ICKES, M.D. s	SAMUEL WEINBERG, M.D. h o
MEYER W. JACOBSON, M.D. t	ALEXANDER A. WEINSTOCK, M.D. t
ALBERT JAFFE, M.D. c	H. WHITNEY WHEATON, M.D. h o
JAMES S. JULIAN, M.D. v	HENRY LYMAN WHITTLE, M.D. c
LAWRENCE KATZENSTEIN, M.D. v	MARY COOK WILLIS, M.D. c
HENRY B. KOLB, M.D. h o	CHARLES T. WOODLAND, M.D. v
ALBERT L. LAFOREST, M.D. v	RALPH J. YOUNG, M.D. v
CHARLES D. LEE, M.D. v	

c = child hygiene, ca = ear clinic, ey = eye clinic, h o = health officer for communicable disease control and school hygiene, h o c = health officer-contract basis, m = maternity hygiene, p = post mortem physician, s = Sydenham Hospital, t = tuberculosis clinic, v = venereal disease clinic, **bold type** = full time.

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ORGANIZATION CHART BALTIMORE CITY HEALTH DEPARTMENT



ONE HUNDRED AND TWENTY-SEVENTH ANNUAL REPORT OF THE BALTIMORE CITY HEALTH DEPARTMENT

1941

REPORT OF THE COMMISSIONER OF HEALTH

The Honorable,

THE MAYOR AND CITY COUNCIL OF BALTIMORE

GENTLEMEN:

Pursuant to the provisions of Section 91 of the Charter and also in accordance with a resolution adopted by the City Council in the year 1817, I have the honor to transmit to you a summary of the one hundred and twenty-seventh annual report of the work done by the Baltimore City Health Department, and by the several bureaus thereof, for the year ended December 31, 1941.

Introduction

The health of the city continued to be good during 1941 as may be seen from following sections of this report. Diphtheria again was pushed downward to a new low record of 47 cases for the year. However it was a bad year for poliomyelitis prevalence with 101 cases, and housing shortages due to war work were probably responsible for the increase in meningococcus meningitis to 72 cases.

The outstanding advance on the health front was the enactment of a strong new ordinance to control the hygiene of housing and a companion ordinance amending the rooming house section of the city code. Both were badly needed and in both there is recognition of the time-honored delegation of authority in the matter of health department regulatory control. They constitute the nucleus of the new city housing code and grew out of the deliberations of two committees appointed by Mayor Howard W. Jackson to revise the city building code and to advise on a housing code. The work of the Sanitary Section in this field has proceeded well with an increase in its staff of housing inspectors.

The City's fight against tuberculosis was strengthened by the reorganization of the Bureau of Tuberculosis and the appointment of Dr. Miriam E. Brailley to be its director. Plans were completed to build an adequate

chest clinic service into the Druid Health Center and for this the Maryland Tuberculosis Association generously granted from Seal Sale funds a sum of \$8,400 for the purchase of a new stereoscopic X-ray machine. It also provided a similar apparatus for use in the Eastern Health District.

The national defense effort entered largely into the work of practically all the bureaus in the Administrative, Medical and Sanitary Sections of the Health Department. Other public health matters of importance in the year's record included: The transfer to the Health Department on March 1 of about one-tenth of the work in child hygiene of the Babies Milk Fund Association, in the Southern and Southeastern Health Districts, as the first step in a ten-year program agreed upon by the City and the Community Fund; an approach to a more effective school health service by vital changes in a trial school in the Eastern Health District; the use at Sydenham Hospital of a new serum for the usually fatal influenza bacillus meningitis, and a series of conferences that established the support



THE AMERICAN CIVIL DEFENSE MISSION TO ENGLAND—1941

Left to right, seated: Captain Donald S. Leonard, Michigan State Police; Harry M. Prince, Consulting Architect of the New York City Housing Authority; Mayor LaGuardia, Director, U. S. Office of Civilian Defense; Major Frank M. Roessing, Director of the Department of Public Works, Pittsburgh; standing: Glenn C. Richards, Secretary of the Department of Public Works, Detroit; Arthur W. Wallander, Deputy Chief Inspector, New York City Police Department; and Dr. Huntington Williams.

of the medical profession for the proposition that there should be no modification in existing city milk control procedures which require the day of the week to appear on milk bottle caps and that pasteurized milk should not be sold more than 36 hours after the day of pasteurization.

The Commissioner of Health, as a Consultant to the U. S. Office of Civilian Defense, was a member of the American Civil Defense Mission that was sent on July 12 by clipper plane to England by Mayor Fiorello H. LaGuardia to spend a month studying the problems of air raid

administration in that country. After submitting a preliminary report he participated in the arrangements for establishing the Emergency Medical Services of the Baltimore Committee on Civilian Defense. As a result of the summer work he presented an address on blitz medical administration at the annual meeting of the American Public Health Association in October and at the same meeting he also read a paper on housing before the Health Officers Section.

The Health of the City

The estimated population of Baltimore City as of July 1, 1941 was 866,000. This was computed by projecting the arithmetical increase in the population of the city during the period between the 1930 and the 1940 Federal censuses. The estimated white population on the same date was 698,000 and the nonwhite or colored population was 168,000 or 19.4 per cent. These are the figures used in the calculation of the rates given in this report.

The most striking feature of Baltimore's vital statistics for 1941 was an increase of 17.1 per cent over the previous year in the number of resident births reported. A total of 15,995 such births occurred in the city during the year as compared with 13,712 in 1940. The new low record of 47 cases of diphtheria reported during 1941 was a slight improvement over the 49 cases reported during the previous year. For a period of more than one year and ten months, from January 7, 1940 to November 12, 1941 there was no resident diphtheria death in the city. There were slight rises in the resident maternal and infant mortality rates for 1941 over the rates established in 1940. The former was 2.3 per 1,000 live births as compared with 2.0 in 1940. The latter was 49.6 as compared with 46.7 for the year 1940.

Poliomyelitis, Meningococcus Meningitis and Intestinal Diseases

Acute poliomyelitis and meningococcus meningitis were more prevalent than usual in Baltimore during 1941. There were 101 cases of paralytic poliomyelitis reported which was a larger number than in any year since 1928 when 127 cases were recorded. During 1940 there were only 4 reported cases. The number of cases of meningococcus meningitis reported increased from 13 in 1940 to 72 in 1941.

Typhoid fever, dysentery, and diarrhea and enteritis showed increases during 1941 as compared with 1940. The number of cases of typhoid fever increased from 23 in 1940 to 35 in 1941. Epidemiological investigation indicated that 11 or nearly one-third of the cases were traceable to healthy and unsuspected carriers of the typhoid organism. A total of 11 new carriers was discovered during the year. The increase in the

number of cases of dysentery from 97 in 1940 to 148 in 1941 may reflect the influence of a similar carrier factor. The number of deaths from diarrhea and enteritis in children under two years of age increased from 54 in 1940 to 144 in 1941. Of the deaths, 66 were white babies and 78 colored infants. Deaths of newborn infants apparently due to nursing inadequacies in maternity hospitals were made the subject of special studies during the year.

Tuberculosis and Syphilis

Tuberculosis and syphilis remain among the outstanding public health problems of the city. The resident death rate for all forms of tuberculosis was 93.7 per 100,000 population in 1941 as compared with 94.9 in 1940. The rate for the white population was 50.9 and for the colored population 271.4.

The total number of cases of syphilis reported for the first time during 1941 was 7,838 as compared with 6,213 for the previous year. A large proportion of the increase was the result of examination of registrants under the Selective Service Act. There was a corresponding increase in the number of cases treated in the venereal disease clinics of the City Health Department.

Birth and Death Rates

The birth rates corrected for residence in Baltimore for 1941 was 18.5 per 1,000 of the total population and 17.0 and 24.4 per 1,000 population for the white and colored groups respectively. The recorded or crude death rate for 1941 was the same as for the previous year, 13.4 per 1,000 population. When corrected for residence the death rate for all causes for the entire population was also the same as in 1940, namely 12.9 per 1,000 population; 11.7 for white persons and 18.0 for the nonwhite segment of the population.

RESIDENT DEATH RATES PER 100,000 POPULATION FOR THE SEVEN LEADING CAUSES OF DEATH; TOTAL, WHITE AND COLORED POPULATION; BALTIMORE 1940-1941

TOTAL POPULATION			WHITE POPULATION			COLORED POPULATION		
CAUSE	Death Rate per 100,000		CAUSE	Death Rate per 100,000		CAUSE	Death Rate per 100,000	
	1941	1940		1941	1940		1941	1940
Diseases of heart.....	388.7	387.1	Diseases of heart.....	307.3	308.3	Diseases of heart.....	353.0	340.9
Cancer, all forms.....	158.0	150.4	Cancer, all forms.....	106.5	155.9	Tuberculosis, all forms..	271.4	253.0
Nephritis.....	118.1	137.1	Nephritis.....	103.2	119.0	Nephritis.....	180.4	212.3
Tuberculosis, all forms..	93.7	94.9	Cerebral hemorrhage...	79.1	85.8	Pneumonia.....	151.8	128.0
Cerebral hemorrhage...	88.6	91.7	Accidental causes.....	67.2	62.2	Cerebral hemorrhage...	128.0	116.0
Pneumonia.....	72.4	73.0	Pneumonia.....	53.3	59.7	Cancer, all forms.....	122.6	127.4
Accidental causes.....	67.3	65.1	Tuberculosis, all forms..	50.9	56.7	Syphilis.....	81.0	80.7

Principal Causes of Death

"Heart disease" continued in 1941 as the leading cause of death for all segments of the population but there was no significant change from 1940 in the death rates for this condition, as shown in the accompanying table. The death rate for all forms of cancer increased from 150.4 per 100,000 population in 1940 to 158.0 in 1941. The rates by color for the two years for heart disease and cancer and the 5 other leading causes of death are given in the table on page 12.

Certain selected tables containing other important data on the vital statistics of the city for 1941 are presented at the close of the report.

Administration

There follows a financial statement for the Health Department for the fiscal year ended December 31, 1941.

FINANCIAL STATEMENT

As of December 31, 1941

Total City Appropriations	\$888,810.48
Total City Expenditures	879,690.39
Appropriations by Ordinance of Estimates	
January 1, 1941	\$807,395.00
Appropriations for Transportation	28,657.49
Supplementary Appropriations for Sydenham Hospital, Health Districts, Clinics and Special Projects	52,757.99
	<hr/>
	\$888,810.48

*Expenditures of the Baltimore City Health Department***ADMINISTRATIVE SECTION**

Administration	26,392.28
Vital Statistics	25,259.84
Health Information	10,072.74
Laboratories	71,277.46
*Eastern Health District	27,841.78
Western Health District	39,538.51
Druid Health Center	34,193.94
Southeastern Health District	32,922.53
Southern Health District	1,381.21
	<hr/>

268,880.29

* See page 88.

MEDICAL SECTION

Communicable Diseases.....	16,910.19
Tuberculosis.....	10,196.52
Venereal Diseases.....	61,721.39
Occupational Diseases.....	5,424.92
Child Hygiene.....	31,632.52
School Hygiene.....	12,096.94
Public Health Nursing.....	109,725.14

247,707.62

SANITARY SECTION

Supervision.....	7,926.75
Milk Control.....	39,250.54
Food Control.....	17,509.99
Environmental Hygiene.....	49,259.19
Meat Inspection.....	53,207.91

167,154.38

Morgue and Public Cemetery.....	10,117.82
Sydenham Hospital.....	185,830.28

Total, Salaries and Expenses..... \$879,690.39

Receipts

Health Revenue.....	\$ 336.75
Vital Statistics.....	17,384.50
Child Hygiene.....	366.00
Milk Control.....	12,856.00
Environmental Hygiene.....	22,724.50
Meat Inspection.....	24,179.00
Sydenham Hospital.....	3,878.39

Total Receipts..... \$ 81,725.14

In addition to the total city expenditures, a further sum of \$19,472.83 was expended by the City Health Department from Federal Social Security funds, made available through the Maryland State Department of Health; another sum of \$4,655.07 of State funds was also spent in routine work by the Bureau of Venereal Diseases, and \$34,211.83 from the Work Projects Administration were likewise used in public health work in the city.

Personnel

On February 1 Dr. Henry F. Buettner who had served as health officer since April 1, 1920 and as full time health officer in the Western Health

District since December 19, 1938 left for duty with the U. S. Army Medical Corps. Dr. Alfred C. Moore was transferred from the Eastern Health District on February 3 to replace Dr. Buettner. Other members of the Department who left during 1941 for active military duty were: George W. Schucker, George O. Motry, Charles M. Kenealy, William Sallow, George C. Grant, Dr. Lawrence Katzenstein, Dr. William Sinton and Dr. George C. McDonald.

Mrs. Rae Serpick Bye, supervising nurse in the Southeastern Health District resigned on September 25 and Miss Mary I. Streckfus was assigned to fill this post. Dr. Samuel Glick, Dr. Charles R. Goldsborough, Dr. Henry L. Whittle and Dr. Thomas O'Rourke, health officers, resigned on January 31, February 4, November 24 and December 31 respectively. Dr. Amelia Link and Dr. Albert L. Laforest were appointed health officers on February 3 and April 23. Other appointments were: Milton Friedman, William R. Dunaway and Jacque G. Ayd, Senior Sanitary Inspectors on June 10, September 18 and September 22; Felix Pretsch, Senior Inspector of Industrial Hygiene on July 10; Gern M. Cain, Senior Food Inspector on August 1; and Vernon L. Corey, Senior Milk Plant Inspector on November 24.

Vital Statistics

The increase in official transcripts of birth certificates issued as evidence of birth in the United States continued during 1941. The demand for these arose because so many government contracts for defense material prohibited the employment of alien labor. A total of 18,392 birth transcripts were issued in 1941 as compared with 11,028 in 1940. The number of transcripts issued each month for 1940 and 1941 is given in the following table:

NUMBER OF BIRTH CERTIFICATE TRANSCRIPTS ISSUED—1940 AND 1941

YEAR	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
1941	1,053	1,018	1,131	1,327	1,432	1,822	1,567	1,745	1,760	1,780	1,317	2,440
1940	238	267	277	278	301	572	1,852	2,077	1,401	1,653	1,117	905

During 1941, the Bureau of Vital Statistics placed on file 1,120 delayed registrations of birth in accordance with the regulations adopted by the Maryland State Board of Health on June 29, 1939 that became effective on November 15, 1940. A large proportion of this work required personal interviews with the applicants in order to secure evidence adequate to corroborate the facts of birth as presented. Transcripts of these delayed birth registrations represented 5.9 per cent of the transcripts issued during

1941. The remainder were of birth certificates already on file. Many of these, however, lacked first names and correct spelling which in turn necessitated the submission of documentary evidence.

The bureau, under very severe pressure, tried constantly during the year to adjust its work so as to meet the growing demands. Valuable assistance was furnished by the Work Projects Administration. Much of the usual work of the bureau had to be curtailed or postponed.

During the summer and fall the bureau director collaborated with the Sanitary Section and the Baltimore Housing Authority in a housing survey. Two areas of the city, in which nearly 50 per cent of the sub-standard dwellings of Baltimore are located, were chosen for study.

The bureau continued to prepare weekly and monthly reports and the usual annual analysis of vital statistics for 1940. A special report on the variations in infant mortality according to census tracts for the decade 1930-1939 was presented in the June issue of *Baltimore Health News*.

An article entitled *Population Changes in Baltimore* was published by the bureau director in the June issue of *The Councillor*, the quarterly publication of the Baltimore Council of Social Agencies. In this were shown some of the important changes in the population of the city as revealed by the 1940 Federal census. During the year the bureau also issued a report on the population of Baltimore for the use of the Advisory Engineers to the Commission on City Plan. This report contained a considerable discussion of the population growth of Baltimore City, its present composition and estimates of future growth.

Health Information

Each year new avenues open up for extending the services of the Bureau of Health Information to the people of the city. The growing interest among the public is indicated by the fact that in 1941 the bureau handled twenty-five to forty-five requests each month for health information which was personally solicited at the bureau office or over the telephone. This and other like demands suggest that the people of the city, including many official and nonofficial agencies, are gradually becoming more aware of the City Health Department as a readily available source of information on health matters.

There follows a summary of health information services during 1941:

1. A series of approximately 25 lectures were presented by the Commissioner of Health and bureau directors to the teachers of parent education in the public schools of the city. The department staff continued its active teaching program for the medical schools of the University of Maryland and the Johns Hopkins University and for the School of Hygiene and Public

Health in the latter, as well as for a number of the hospital schools of nursing.

2. The use of Department literature racks was increased. Twelve additional racks were installed to supplement the earlier distribution of Health Department publications. These were placed in branches 3, 8, 9, 11, 12, 19, 23 and 26 of the Enoch Pratt Free Library; in the dispensaries of St. Agnes and the West Baltimore General hospitals; in the office of the headquarters of the National Youth Administration and in the office of the Armistead Gardens which is one of Baltimore's newest and largest housing projects. A total of thirty-three racks are now in use throughout the city and twenty-four of



JOHNS HOPKINS TEACHES HEALTH EDUCATION

these were placed in 1940 and 1941. Of 100,525 leaflets taken from these racks during the year 30,800 were secured by the patients of the general medical dispensary of the Johns Hopkins Hospital which serves some 1,700 patients each week day.

3. The Johns Hopkins School of Hygiene and Public Health included a special course in health education in its curriculum for the first time during 1941. The bureau supplied 1,080 City Health Department publications to Dr. William

H. F. Warthen who conducted the course for Dr. Allen W. Freeman and who used the material with other like matter to illustrate the media and methods of health education.

4. The "Keeping Well" radio series which has been presented since 1932 under the joint sponsorship of the Baltimore City Health Department and the Medical and Chirurgical Faculty of Maryland was continued each week during 1941. The two bound volumes of dramas broadcast in 1939 were supplied as requested to other health agencies, both in the United States and abroad. The fifty-two dramas broadcast in 1940 which comprise Volumes III and IV were prepared for binding.
5. *Baltimore Health News*, the monthly news publication of the department, was issued regularly for the eighteenth consecutive year. About 10,000 copies were published of each issue.
6. The chief of the bureau acted in an editorial capacity for the 1940 ANNUAL REPORT before final approval by the Commissioner of Health and also directed the printing of this volume.
7. The "Saturday Letter to the Mayor" and special health articles were released by the Commissioner of Health to the press and resulted almost always in the publication of one or more current news items on the health of the city. The bureau provided twelve health articles and illustrative material for a special supplement to the *Baltimore News-Post* of May 20 in association with Child Health Day. Monthly news releases on important current health subjects were sent to two local church journals.
8. Health addresses, talks, seminars and field demonstrations were again an important department activity. The policy of holding conference sessions for staff personnel and health workers was also followed in 1941 with encouraging results.
9. Four new leaflets were published by the Department: Two were issued by the Bureau of Food Control, one by the Bureau of Occupational Diseases and one by the Bureau of Health Information. In addition, the "Notice to Food Handlers" poster was revised and the new Ordinance on the Hygiene of Housing as well as the amended rooming house ordinance and thirteen reprints and five mimeographed publications were issued.
10. Special observances were made of Syphilis Control Day, slum clearance, National Negro Health Week, National Hearing

Week, the State-Wide Safety Conference, Civilian Defense and the 35th Annual Tuberculosis Seal Sale.

11. The Sanitary Milk Production Contest was conducted by the Bureau of Milk Control for the tenth consecutive year. The training given to 350 vocational high school students in preparation for the contest helped to stimulate interest in healthful living.
12. For the first time in the history of local public health a class in health information was conducted during 1941 for deaf children in Baltimore. The course was combined with home nursing, child care and first aid and was given to a number of students of the St. Francis Xavier School for the Deaf and at St. Peter Claver's School for Colored Girls. Certificates were awarded to the pupils.
13. During several weeks of the summer, supervision was given the work of a staff engaged on a housing study project conducted jointly by the City Housing Authority, the Johns Hopkins School of Hygiene and Public Health and the Baltimore City Health Department.

DOROTHY REGINA KALBEN, R.N., B.S.

Public Health Nurse

January 1, 1916-February 9, 1927

Supervisor of Field Nurses

February 10, 1927-June 16, 1938

Chief of the Division of Publications

Since June 17, 1938



Exhibits

The Health Department displayed 13 exhibits during the year. Those built for the annual local observance of Negro Health Week were later shown in Washington, D. C. at the Annual Meeting of Former Interns of Freedmen's Hospital and also at the dedication of the wing for tuberculosis patients of that institution. Five exhibits were shown at the Enoch Pratt Free Library; two at the Gwynns Falls Park Junior High School; and one each at the annual Food Show, the First Maryland State-Wide

Safety Conference, and the annual meeting of the Society of American Bacteriologists.

Seven permanent public health exhibits, six of which were three-dimensional, were designed and loaned to other agencies upon request. Forty-one posters were rotated among the various schools in the Southern Health District.

Laboratories

The Bureau of Laboratories participated in the national defense program by testing specimens of registrants under the Selective Service Act and of employees in industrial plants. Most of these examinations were STS—serologic tests for syphilis. The total of 106,215 specimens submitted in 1941 to the bureau for STS was an increase of 42,528 or 66.8 per cent over 1940. Of the total, 30,586 or 28.8 per cent were from 27,675 registrants of whom 1,931 or 6.97 per cent had a positive reaction. In separating this group into white and nonwhite, it was found that 1.7 per cent of the white group and 24 per cent of the nonwhite group had at least one positive STS.

A group of 33,551 specimens or 31.6 per cent of the total was submitted for STS from employees of industrial plants, public utility corporations, department stores and from other agency groups. Fourteen thousand, five hundred and fifteen specimens or 13.7 per cent were received from the Health Department venereal disease clinics. The remaining 27,563 STS specimens or 25.9 per cent were submitted by 650 practising physicians whereas in 1940, only 615 private physicians had submitted 21,184 specimens.

There was an increase over the previous year of more than 20 per cent in the number of samples of air, dust, industrial solvents and other materials tested in the chemical laboratory for the Bureau of Occupational Diseases and the Division of Industrial Hygiene. This increase was due principally to studies made of the exposure of workers to toxic substances in defense manufacturing plants. Chemical determinations were made of the following industrial poisons: Lead, arsenic, zinc, free silica, benzol, toluol, formaldehyde, phenol, cyanide and free caustic. The chemical laboratory also continued the examination of specimens of blood for lead as an aid in the diagnosis of lead poisoning. This service, rendered chiefly to hospitals and private physicians, has continually expanded since 1935 when 35 specimens were tested as compared with a total of 353 in 1941.

Laboratory examinations of sputum increased in 1941 when a total of 9,902 specimens was submitted which was 5,165 or 109 per cent more than in 1940. The reasons for this increase were the more active follow-up work in connection with contacts of cases of tuberculosis and the increasing tempo of the tuberculosis control program.

Routine diagnostic services for private physicians, hospitals and other agencies and various bureaus of the Department were continued. These activities combined involved an all-time high record of 271,608 examinations of 148,912 specimens, cultures and samples. These figures represent an increase of 23.2 per cent in examinations and an increase of 48.7 per cent in specimens over the bureau work of 1940.

An investigation of the phosphatase tests on samples of pasteurized products from certain milk plants was begun in the latter part of 1941 as a joint study of the divisions of bacteriology and chemistry. The study led to the isolation of a thermophilic spore-bearing bacillus from the pasteurized milk obtained from the plants involved. It is planned to continue this investigation in 1942.

Other studies were made in 1941 to develop new procedures or to confirm the newer techniques developed by research workers elsewhere. Included in these were the following: The effect of the design of a "cream top" milk bottle on its cleaning and sterilization, structural weakness in paraffin-paper milk containers, methods for the detection of filth in food, the use of commercial antigens in the diagnosis of Weil's disease, the use of culture methods for the detection of the tubercle bacillus, the Kulberg method for the detection of neutralizers in milk and cream, the tyrosine test for the decomposition of protein foods, the arsenic content of the hair of workmen industrially exposed to arsenic, and the quantitative detection of selenium in air, dust and urine.

The bureau discontinued the distribution of all types of pertussis vaccine on January 10. This was done because of the lack of adequate evidence to prove that the vaccine was of sufficient value in the control of whooping cough to warrant the expenditure.

Type B influenza bacillus serum from rabbits was made available to Sydenham and other hospitals for the treatment of cases of influenza bacillus meningitis. In the period from February through December, 61 packages or 305 cubic centimeters of this material were distributed for the treatment of medically indigent patients at a cost of \$1,342.00.

The amount of pneumonia serum furnished hospitals for use in the treatment of medically indigent patients was approximately one-half of that distributed in 1940. The 18,050,000 units supplied in 1941 were used for treating 75 cases of pneumonia and cost approximately \$4,500.00 whereas in 1940, 34,390,000 units of the serum were used for treating 116 cases at a cost of approximately \$7,661.00.

Eastern Health District

On February 21, a meeting of sixteen Negro physicians who practice in the Eastern Health District was held in the district office. Dr. Thomas B. Turner, Professor of Bacteriology of the Johns Hopkins School of

Hygiene and Public Health, discussed the studies in syphilis which were being carried on in the district, and requested assistance from the physicians in securing contact with about six hundred Negro residents for the purpose of obtaining blood tests. As a result of this meeting a Negro social worker was employed to make home visits and a letter prepared by a committee of the physicians was sent to each of the residents in the study.



C. HOWE ELLER, M.D., Dr.P.H.
Health Officer
Eastern Health District
Since October 1, 1937

Consultation service to physicians practising in the Eastern Health District for psychiatric cases was reinaugurated early in the year. A letter explaining this service was sent to each physician and the immediate response was excellent.

A new Eastern Health District Conference Committee was organized for the purpose of discussing mutual problems of the Baltimore City Health Department and the Johns Hopkins School of Hygiene and Public Health in the work and administration of the district. The first meeting of this committee was held in the district office on April 21, and a total of six meetings was held during 1941.

An experimental school hygiene program planned for School No. 27 was put into operation with the opening of the schools in September. Public health nurses interviewed the parents of newly entering children in order to explain the new program and to persuade them to have their children examined by their private physicians if possible. By the end of October it was evident that nearly half of the children would be taken to private physicians for examination. A large number were examined by the health officer in the school, and the parents were present at these examinations on almost a one-hundred per cent basis.

Dr. George Wheatley, Assistant Medical Director of the Metropolitan Life Insurance Company, and formerly Consultant in School Hygiene in

the New York City Health Department, visited the Eastern Health District on September 18 and opened the year's staff education program with a talk on school hygiene. He also gave much help on the new program for School No. 27.

Plans were completed for the transfer of the following Babies Milk Fund Association activities in the Eastern Health District to the City Health Department as of January 1, 1942:

1. The clinic at Valley and Eager Streets, held every Tuesday and Friday afternoon. The area served by this clinic consists of Census Tract 1 of Ward 10.
2. The clinics held on Wednesday and Thursday afternoons at the Eastern Health District office, 1927 East Monument Street. The area served by these clinics includes Census Tracts 4 and 5 of Ward 6.

Western Health District

A large number of defense workers newly arrived in Baltimore took residence in the Western Health District. Efforts were made to get in touch with these families and to provide them with health services. Diphtheria prevention was emphasized, especially in a house-to-house canvass in November in selected areas. Five thousand, six hundred and forty-one district residents received toxoid and of these 1,871 were under 1 year old. Smallpox vaccination was also given to 3,311 persons in the district.

Affiliate instruction in public health nursing was given to a total of thirty nurses, of whom three were graduate nurses and twenty-seven undergraduates. The three sections of the senior class of the University of Maryland School of Medicine were conducted on field trips through a bakery, a milk pasteurization plant and the sewage disposal plant.

The Druid Health Center, which is a part of the Western Health District, conducted an extensive program of public health educational activities and clinic services. During the year 78,256 clinic visits for maternity hygiene, child hygiene and venereal diseases were registered, 14,877 laboratory outfits were dispensed and over 1,691 packages of biologicals were distributed. The Monumental City Medical Society for Negro physicians continued to convene in the assembly room of the Center each month and plans were fairly well completed for building in the important new chest clinic on the fifth floor of the Center.

Southeastern Health District

As a part of the joint policy established between the City and the Community Fund, the work of the Babies Milk Fund Association child health conferences held weekly at Public Schools No. 2 and 6 was transferred to

the Health Department on March 1. The operation of the two clinics established in these schools was assumed on the same date by the district staff nurses and pediatricians of the Bureau of Child Hygiene.



JOHN A. SKLADOWSKY, M.D.

Health Warden
January 13, 1920–December 31, 1920

Health Officer
January 1, 1921–October 22, 1935

Health Officer, Full Time
Since October 23, 1935

Measures directed toward more effective district tuberculosis and communicable disease control programs were inaugurated during the year. These included: The establishment of a weekly tuberculosis case conference between each staff nurse in rotation and the supervising nurse and district health officer; discontinuance of home visiting by the health officer and the public health nurse for investigation and isolation of German measles cases; and the location of a new diphtheria inoculation and smallpox vaccination clinic at the Armistead Gardens housing project.

Health information services were further expanded during the year by the distribution of Department pamphlets and the publication of special articles in a neighborhood newspaper. Fifty-eight classes in mothercraft were held with a total attendance of 146 mothers.

In May and June two medical groups assigned to the orientation course of the U. S. Public Health Service visited the district for practical instruction in field work. Twelve undergraduate students from the Union Memorial Hospital School of Nursing also completed a program of field work in the district during 1941. Three groups of nurses on the district staff took a ten weeks course in first aid at the Baltimore Chapter of the American Red Cross. In addition, students from the Johns Hopkins School of Hygiene and Public Health and the University of Maryland School of Medicine, public health officials and lay groups visited the district for study and observation. Included among these were two groups of supervisors of adult education from the Department of Education.

Communicable Diseases

A total of 36,556 cases of communicable diseases was reported in 1941 as compared with 23,189 cases in 1940. The increase was due primarily to the outbreaks of measles and German measles during the early months of 1941 and the return of measles during the latter part of the year.

Poliomyelitis

A total of 101 cases and 3 deaths of paralytic poliomyelitis in Baltimore residents was reported during 1941 as compared with 4 cases with no death

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Polio At Middle River

It is easy to understand how the parents in the Middle River area and everywhere else dread the possibility of their children contracting poliomyelitis. It seems natural as well, for them to conclude that the congregation of children in public schools heightens the possibility of infection and protest, as have the Middle River parents, school sessions when the infection is known to be in the community.

Parents should try to remember, however, that theirs is the layman's point of view; that health officers, who are responsible for the public welfare and whose reputations depend upon their judgment in such matter, do not share the apprehensions of the layman. The health authorities know how many poliomyelitis cases there are and where they are. If they had reason to believe that opening of a public school in any given locality would expose the community to danger of a polio epidemic it is reasonable to suppose that the schools would not be opened. It should be reassuring, rather than alarming, to note that public schools are open with the full approval of State and local health authorities.

These guardians of the public health are persuaded, strange as it may seem to parents, that children are in closer contact with each other outside of school

than they are inside. At school they sit at their desks, separated by some feet, throughout the day. At play they tussle, wrestle, come into bodily contact continually. Moreover, there is no evidence to prove that children contract poliomyelitis from children any more than they do from adults. It is entirely possible that the virus is carried by well persons, which may mean the parents, who are so anxious to keep their children near them. Finally, it is to be noted that poliomyelitis epidemics get their start and reach their peak during the summer months when schools are closed.

THE SUN

BALTIMORE, SUNDAY, OCTOBER 5, 1941

Four New Cases Of Polio In Baltimore Last Week

Dr. Williams Notes Public Is Learning Important Theories About Infantile Paralysis

Four new cases of poliomyelitis in Baltimore last week were reported by the Health Department yesterday to Mayor Jackson by Dr. Huntington Williams, health commissioner.

On the subject Dr. Williams said, "It is of interest to note that the public is slowly learning some important theories about infantile paralysis; namely, that the risk of any city dweller contracting poliomyelitis is certainly much less than one chance in a thousand; that the virus is not spread by inanimate objects like iron lungs or respirators but from person to person, probably chiefly by healthy adult carriers; and that the 999 or more become immune in this way without ever showing any symptoms or signs of the process having taken place."

HELP FROM THE PRESS

in 1940. During August, 50 cases were recorded and this was the largest number for any one month. In the last week of July, a total of 15 cases had been reported which was the largest number for any one week. It was of interest to note that only 9 of the cases occurred in Negroes which was considerably less than would be expected in proportion to the percentage of Negroes in the population. About 60 per cent of the cases occurred in males. Other interesting facts were that 30 cases occurred in children under six years of age, 51 cases in children six to fifteen years of age and 20 cases in persons sixteen years of age and over. The disease was not limited to any one section of the city but the majority of the cases occurred in the outer zones of the city.

Diphtheria

There were 47 cases and 3 resident deaths of diphtheria recorded in 1941 as compared with 49 cases and 1 death in 1940. Baltimore went from January 7, 1940 until November 12, 1941 without a resident death from diphtheria. This was a period of nearly two years and yet did not include any one calendar year. The first death to be reported during 1941 occurred in a thirty-five year old colored woman. The second death occurred in a four year old child who had resided in Baltimore for only a few months prior to the onset of illness and the third fatal case was that of a four and one-half year old child who was a native Baltimorean. None of these persons had previously received the toxoid inoculation.

Many of the people who came to Baltimore during 1941 to be employed in the defense industries had children who had never been inoculated against diphtheria. The City Health Department in conjunction with the Baltimore County Health Department had 17,000 dodger notices placed in the pay envelopes of employees of a large defense manufacturing plant, urging that parents should have their children inoculated against diphtheria. Also, in cooperation with the Division of Industrial Hygiene, forms entitled "Parents Register for Health Service" were distributed to new employees by the personnel departments of many Baltimore industries. Replies, totaling 5,918 were received from these new employees and families with children were referred to the Bureau of Public Health Nursing. The nurses in turn made visits to the home and, among other things, discussed the importance of toxoid inoculation.

A marked increase in the number of cases of diphtheria was noted in the western section of the city particularly among the colored people. Therefore, in November a special diphtheria prevention campaign was held in a localized area in close proximity to the school where some of the cases had occurred. Public health nurses made a house-to-house canvass in the area and the total effort led to 748 colored children being given toxoid. Of these 184 were under five years of age.

Toxoid was given to 18,407 children during the year as compared with 15,759 in 1940. Of the total 10,103 children were under one year of age as compared with 8,389 in 1940. Also during 1941 physicians reported that they had inoculated 5,300 children in their private practice as compared with 3,975 in the previous year. The number of children under one year of age to be inoculated against diphtheria was the largest ever recorded in the Health Department in any one year and private physicians reported more children among their patients who had been inoculated than ever before.

The following table shows by years the number of children in the city reported as having been inoculated against diphtheria by various agencies for the period 1937 through 1941:

DIPHTHERIA TOXOID INOCULATIONS RECORDED
BALTIMORE, 1937-1941

AGENCY	1941	1940	1939	1938	1937
Physicians' Practice.....	5,300	3,975	4,000	2,774	1,688
Preschool Clinics.....	7,880	6,759	7,437	7,805	7,393
School Clinics.....	5,227	4,095	4,780	8,746	8,853
Total.....	18,407	15,759	16,217	19,325	17,934

It was estimated that 80.1 per cent of the child population in Baltimore under five years of age was inoculated against diphtheria at the close of 1941 as compared with 78.6 per cent at the end of 1940. In the group of children from five to nine years of age, the estimated percentage inoculated was 94.6, the same figure as for the close of 1940.

Typhoid Fever and Typhoid Carriers

There were 35 cases of typhoid fever reported during 1941 as compared with 23 in 1940. Each case was investigated by the bureau director and all of the known adult contacts including the food handlers in the stricken households were examined for the possibility of the typhoid fever carrier state. As a result 11 new carriers were found and in addition 2 cases after a year's study were recorded as permanent carriers. Sixty-nine carriers were under the supervision of the Health Department at the close of the year.

Whooping Cough

There were 2,560 cases and 30 deaths of whooping cough reported in Baltimore in 1941 as compared with 5,258 cases and 24 deaths in 1940. In spite of the marked decrease in the number of reported cases there was this increase in deaths. The same drugs for chemotherapy and the same serum were available for treatment as in the previous year. During

the year, 27 of the 30 deaths reported were in colored children while in 1940 only 13 of the 24 deaths occurred in Negro children.

Smallpox

Several of the defense industries and a few of the nondefense industries required evidence of successful smallpox vaccination as a prerequisite for employment. In previous years only a few adults were vaccinated in the office of the bureau director but in 1941 there were 594 defense industry employees vaccinated there. For the thirteenth successive year no case of smallpox occurred in Baltimore. The last case was reported on March 9, 1928.

Sydenham Hospital

Fifty-seven city patients and forty from neighboring counties suffering with poliomyelitis during the summer and fall outbreak were admitted to Sydenham Hospital during 1941. Of this number 15 were of the bulbar type and in 7 of the cases the use of a respirator or "iron lung" was required. There was 1 death in this series of respirator cases.

A review of the cases of meningococcus meningitis which were treated with the sulfonamide drugs showed a drop in the mortality rate from 30 per cent when serum alone was used to 12 per cent when these drugs were substituted for the serum.

Two drugs, sulfadiazine and gramicidin, newly obtained during the year, were used. Sulfadiazine was found of value in cases of primary pneumonia, whooping cough pneumonia, and hemolytic streptococcus and meningococcus infections. Gramicidin in the treatment of diphtheria carriers was not used in a sufficient number of instances to warrant a statement concerning its effectiveness.

Two children suffering from influenza bacillus meningitis were treated with sulfadiazine and the new influenza bacillus rabbit serum developed by Dr. Hattie E. Alexander at the Babies Hospital in New York City. Both babies recovered from a disease which had hitherto been practically always fatal.

Out of a total of 47 cases of diphtheria admitted during 1941 there were 4 deaths. Three of these were resident deaths and occurred within twenty-four hours after admission, although tracheotomies were performed. The other death from diphtheria which occurred at Sydenham Hospital was a county patient brought to the city for hospitalization on the fourth day of illness. None of these four persons had received the protective toxoid inoculation.

There were 1,362 patients admitted to the hospital during the year, which was an increase of 141 over 1940. There were 59 deaths from all

diseases or a death rate of 4.3 per cent as against 4.2 per cent for 1940. Deducting 21 deaths which occurred within twenty-four hours after admission, the mortality rate was 2.7 per cent as compared with 3.7 per cent when calculated on a similar basis for 1940. The patient days increased from 18,378 in 1940 to 20,321 in 1941.

Tuberculosis

On October 1 Dr. Miriam E. Brailey, formerly Associate in Epidemiology in the Johns Hopkins School of Hygiene and Public Health and Director of the Harriet Lane Tuberculosis Clinic at the Johns Hopkins Hospital became Director of the Bureau of Tuberculosis.

During 1941 there were reported to the Health Department for the first time 1,903 cases of tuberculosis, 905 in white persons and 998 in the colored; while there were recorded 355 deaths from tuberculosis among white residents and 456 among colored residents of the city. It is important to note that the colored, representing about one-fifth of the population, are contributing more than half of the newly reported cases and of the city deaths from tuberculosis annually. Any effective program to lower the high total mortality from tuberculosis in Baltimore must provide for more effective case-finding among the colored, increase the number of colored public health nurses, and calls for a greater number of sanatorium beds for tuberculous patients of the colored race.

The two chest clinics of the Health Department examined 4,235 new patients during 1941 as compared with 3,658 in 1940. Of these there were 2,308 or 54 per cent who came because of household exposure to known cases; the remainder were persons suspected of having the disease. Racially the numbers of patients were practically equal; 2,127 were white and 2,108 were colored. About 66 per cent of the white patients and 45 per cent of the colored who attended the clinics were referred there by private physicians. On examination, evidence of pulmonary tuberculosis though not always of clinical significance was found in 383 or 18 per cent of the white, and in 515 or 24 per cent of the colored persons. In both races it is regrettable to record that 45 to 50 per cent of those displaying disease at clinic examination showed lesions already beyond the minimal stage. During 1941, artificial pneumothorax therapy was given regularly to a total of 187 patients. Of these 107 were white and 80 were colored.

Plans for a third clinic to be located at the Druid Health Center at 1313 Druid Hill Avenue, designed for the use of colored patients and so far as possible to be staffed by colored physicians and colored public health nurses were well developed by the end of the year. A great impetus here was due to the generous gift of the Maryland Tuberculosis Association which authorized on November 10 the purchase of a superb new

photo-roentgen unit as equipment for the clinic. This machine cost about \$8,400.00, will take stereoscopic films at a cost of about eight cents, and will make possible mass surveys for tuberculosis in all sorts of groups of the colored population.

No additional beds for tuberculosis were provided by either the city or State during 1941; in fact 65 beds at the Henryton Sanatorium for Negroes had to stand idle during the year because the increased cost of living and the great difficulty in providing a staff of attendants made it impossible to open them with the State appropriation allowed. As tuberculosis case-finding in Baltimore becomes more adequate these hospital beds will be urgently needed.

TUBERCULOSIS CASES CLASSIFIED BY RACE AND REPORTING AGENCY, 1941

REPORTING AGENCY	TOTAL		WHITE		COLORED	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Private Physicians.....	342	18.0	218	24.1	124	12.4
General Hospitals.....	458	24.1	155	17.1	303	30.4
Health Department Clinics.....	648	34.0	268	29.6	380	38.1
Sanatoria.....	117	6.1	89	9.8	28	2.8
Welfare Department Hospital.....	165	8.7	74	8.2	91	9.1
Other Sources.....	173	9.1	101	11.2	72	7.2
Total.....	1,903	100.0	905	100.0	998	100.0
Reported After Death.....	136		66		70	

Venereal Diseases

The enlistment of armed forces for the war had a pronounced effect on the work of the Bureau of Venereal Diseases. In the previous two years, the number of reported cases of syphilis in the city had decreased each year but in 1941 there was a decided increase. There was also an increase in the number of reported cases of gonorrhea. This is accounted for by the discovery of many new cases during the examination of Selective Service registrants and is also due to the fact that the population in the city has grown with the expansion of defense industries. There was an increased attendance in the Health Department venereal disease clinics because of the new arrivals who were infected before they arrived and because more cases were referred by local hospitals. The hospitals found it necessary to refer cases because of the shortage of physicians after the call to arms. The work in the central bureau increased as did also the case loads of the social investigators and the work of the clinic personnel. Mention has been made of the sharp increase in laboratory examinations for syphilis. Since January, 1941 individuals with syphilis or gonorrhea who apparently acquired the disease in Baltimore have been reported to

the bureau by the Army, Navy and Marine Corps for contact investigation.

There were 7,838 cases of syphilis reported for the first time in 1941, which was 1,625 more than for the preceding year. Of these cases, 1,455 or 18 per cent were early syphilis. Private physicians reported 31 per cent of the recorded cases of syphilis. There were 2,941 cases of gonorrhea reported during 1941, which was 572 more than during the preceding year.

In Health Department venereal disease clinics more previously unknown cases of syphilis were accepted for treatment in 1941 than in 1940, but no significant change in the number of cases of other venereal diseases was noted. In the Health Department clinics 86,472 treatments were given for syphilis, an increase of 7,730 over 1940. During the year, sulfathiazole was used instead of sulfanilamide in the treatment of gonorrhea cases. The results were good and there were few complications. The total number of clinic visits was 121,822, an increase of 18,368 over the figure for 1940.

The work of the social investigators compared favorably with the effort of 1940 in spite of some absences due to illness. The epidemiological investigations were under the supervision of Dr. Ralph F. Sikes. For every one hundred original cases of infectious syphilis in males, 32 new cases were found by follow-up of contacts, and similarly 46 new cases were found for every hundred original cases in females. These figures corresponded very closely to those for 1940.

Occupational Diseases

Wide use was made of the facilities of the Health Department for training in industrial hygiene. Among those to receive such instruction were persons recently appointed to the U. S. Public Health Service. One such physician spent four weeks and another six weeks in observation and participation. Eleven others were each given two half-day demonstrations in industrial environment. In addition, a physician from the Rockefeller Foundation spent two weeks in the bureau. A number of other persons, including a nurse from the U. S. Public Health Service, a fourth year medical student and an industrial engineer, were given special demonstrations in industrial hygiene.

Courses of lectures and demonstrations were given by the bureau director to the senior medical students of the University of Maryland School of Medicine and to three groups of post-graduate students from the Johns Hopkins School of Hygiene and Public Health. A beginning was made in providing a course of lectures on occupational diseases coupled with factory visits for the senior medical students of the Johns Hopkins Medical School.

An address on "Metallic Poisons" was given before the Center for Safety Education of New York University on February 17, and repeated on October 10. A talk on lead and benzol was presented to the "Paint, Varnish and Lacquer Club of Baltimore" on February 7. A paper on "The Incidence of Lead Poisoning in the City of Baltimore" was read at the Second Annual Meeting of the American Industrial Hygiene Association in Pittsburgh, Pennsylvania on May 8. Addresses were also given to various local groups interested in the prevention of occupational diseases.

The chief publication of the bureau for the year was a bulletin entitled "Occupational Disease Control, Industrial Health Series—No. 1." This has apparently been helpful to local industrial establishments. In addition, well over two hundred copies were distributed to agencies and individuals outside the State upon request. Copies were also sent to the interns in each hospital in the city and were used in the teaching of medical students.

In cooperation with the Bureau of Environmental Hygiene an exhibit was shown at the first Maryland state-wide safety conference held in Baltimore on May 19 and 20. The purpose of the exhibit was to widen the acquaintance of local industrial groups with the industrial hygiene facilities available in the Health Department.

Medical examinations were made of groups of insecticide workers exposed to arsenic compounds, and a study was begun of arsenic in the hair of these workers. The employees in three small industries where there was some question of a benzol hazard were subjected to hematological investigations. Some assistance was also rendered in a study of selenium and radium exposures.

There were 157 requests for information received during the year, 73 of which came from practising physicians. A total of 65 cases of occupational diseases was officially reported to the Health Department. The overwhelming majority showed a diagnosis of one form or another of industrial dermatitis. Some slight reduction in the incidence of lead poisoning in the city was apparent but accurate statistics on this disease are not yet available.

Child Hygiene

Maternity Hygiene

The resident maternal mortality rate for 1941 was 2.3 per 1,000 live births, as compared to 2.0 for 1940. A considerably increased rate had been expected for the year because of an acute shortage of maternity hospital beds and nurses, coupled with an increase over the previous year of approximately 17 per cent in the number of births for the year. The resident infant mortality for 1941 was 49.6 per 1,000 live births. The

number of hospital deliveries continued to increase so that during the year 79.9 per cent of the births occurring in the city were in hospitals.

The number of new patients registered at the Health Department prenatal clinics was 1,673 with a total of 12,291 clinic visits, and 1,715 women were delivered at the Baltimore City Hospitals under the City Welfare Department who had received care at these prenatal clinics. Individual instruction to expectant mothers attending prenatal clinic No. 4, held at Public School No. 99, was begun, making use of an interesting display of demonstration materials. The utilization of either individual or group education in maternity hygiene clinics is now practically established as routine work. The Physicians' Conference on Maternal Mortality continued to hold monthly meetings throughout the year under the joint auspices of the City Medical Society and the City Health Department. The increase in cases of diarrhea and enteritis during the year was largely the result of outbreaks that occurred in nurseries for newborn babies. These received intensive Health Department study.

Infant and Child Hygiene

By the close of the year, forty-one sessions were scheduled each week in the infant and preschool hygiene clinics of the Baltimore City Health Department. The number of clinic locations was increased from twenty-two to twenty-five in March, 1941. In accordance with the plan that each year the Health Department absorb one-tenth of the work carried on during 1940 by the Babies Milk Fund Association, three clinics of that organization, holding five sessions each week were taken over by the Bureau of Child Hygiene on March 1. Two physicians and two public health nurses were added to the staff of the Health Department to handle this work. The clinics transferred were located in Public School No. 6 at Fleet and Ann Streets, in Public School No. 76 at Fort Avenue and Decatur Street and in Public School No. 2 at Central Avenue and Gough Street.

There were 13,127 children registered in the infant and preschool hygiene clinics of the bureau who made 35,628 clinic visits during 1941. Reports that 5,300 children were given diphtheria prevention inoculations by 461 physicians in their private practices were received from these physicians by the bureau.

The number of cases of sore eyes assigned to the Health Department service provided for the care of ophthalmia neonatorum was 541. The Bureau of Laboratories reported gram-negative intracellular diplococci present in the smears submitted from 13 cases. One case was hospitalized and 84 were referred to the attending family physicians. In order to have a centralized department control the Bureau of Child Hygiene assumed on

December 20 the responsibility for all sore eye cases brought to the attention of the department from any source and will see that necessary action is taken, depending on the specific case.

A large group of Henry Watson Children's Aid Society boarding homes was transferred to the Department of Public Welfare on July 1. The bureau continued to make inspections of these and other new boarding homes for the Department of Public Welfare. In 1941 there were no deaths among children living in licensed boarding homes.

School Hygiene

There was an increase in the reportable communicable diseases among children of elementary school age during 1941 as compared with 1940, with the exception of whooping cough. In the late summer and early autumn, an outbreak of poliomyelitis occurred which was more extensive than during any year since 1928. Only 10 cases occurred among school children during the school year, with no death in this age group. There was an increase in the number of cases of scarlet fever among children of this age reported to the Bureau of Communicable Diseases; 522 cases were reported in 1941 as compared with 349 cases in 1940. The majority of these cases were of an extremely mild type of the disease, with few complications and no deaths. While the number of cases of diphtheria of all ages reported during 1941 was 2 less than those of the preceding year, the incidence of the disease among children of elementary school age was decidedly higher, with a total of 31 cases reported in 1941 as compared with 23 in 1940. In 1941 there were only 736 cases of whooping cough reported among children between the ages of five and twelve, whereas during 1940 there were 1,535. However, because of the long period of exclusion from school which this disease necessitates it is still of major importance insofar as school attendance is concerned. The "measles cycle" revealed itself during the latter part of 1941. There were 1,718 cases of true measles reported during 1941 as compared with only 45 during 1940. There were sporadic outbreaks of German measles during 1941, with a total of 6,334 cases reported among children of elementary school age.

In the monthly clinics maintained during the school term in every public and parochial school, 5,227 children were given one dose each of alum-precipitated toxoid. Of this group 3,471 children were of school age and 1,756 children were between the ages of one and five years. During the year 1940 the figures for this work were practically the same but slightly lower.

There were 2,384 children vaccinated in the school clinics during 1941; of this number 1,439 were of preschool age and 945 were of school age. In 1940 there were 2,938 children vaccinated in the school clinics, 1,957

of preschool age and 981 of school age. Theoretically, the number of children of school age presenting themselves for enrollment without a scar or certificate of successful vaccination should be less every year because of better facilities for vaccinating children of preschool age. Much of this work in the younger age is done by private physicians.

In 1941 there were 39 Negro children of school age with reinfection type of tuberculosis admitted to the Maryland Tuberculosis Sanatorium at Henryton, Maryland as compared with 24 such admissions during 1940; 13 of these children were between the ages of six and thirteen and were in attendance in the elementary schools, whereas 26 children between the ages of fourteen and seventeen were pupils in the secondary schools. No white children of elementary school age with reinfection type of tuberculosis were discovered. There were also 29 cases of the first infection type of the disease in colored children between six and thirteen years of age and 11 cases among children between the ages of fourteen and seventeen admitted to the Henryton Sanatorium. There were only 2 children of elementary school age and 5 from the secondary schools with first infection type of tuberculosis admitted to the white sanatoria.

As in former years, three routine health examinations are made on each child during his elementary school career, one at the time of admission, again during the third grade and once again in the fifth grade. The only exception was in the special study area for school health services in School No. 27 in the Eastern Health District. The health officers made 43,259 routine health examinations during the year and 19,254 children showed some form of defect. There were 8,492 children with diseased tonsils and adenoids, 10,540 needed dental attention, 2,742 with some form of imperfect vision and 90 with hearing defects. There were 534 children reported by the school physicians with communicable diseases of the skin or head. A total of 107 children was found to have one of the several types of functional neuroses, 84 with orthopedic deformities, 53 with some form of tuberculosis and 548 with organic heart disease; 3,360 children were found to be undernourished, according to the age, height and weight ratio of the Baldwin-Wood nutritional table. A total of 2,258 school children had their tonsils and adenoids removed by operation, 4,248 were given dental attention, 1,880 had their eyes refracted and obtained glasses and 933 were treated for communicable hair or skin infestations.

In the eye clinic maintained by the Health Department there were 2,000 children treated for various eye defects. Of this number 710 were new admissions and 1,290 were old cases returning for review. There were 18 children found to have visual defects of such a marked degree that they were recommended for the sight-saving class. In the ear clinic there were 1,799 children treated, of whom 415 were new admissions. The

commonest cause of deafness was found to be hypertrophied tonsils and adenoids. There were 154 cases found during 1941 in which the deafness was believed to be due to this condition; of this number 109 had their tonsils and adenoids removed by operation. In a certain group of children, the adenoids return even after a clean operation and as a result the deafness persists. Emanations of radium have been found to be extremely helpful in such cases. A total of 75 children was treated in the Health Department clinic during 1941 with radium emanations and the results were distinctly encouraging. The money for the radium was again furnished by the Baltimore League for the Hard of Hearing, to which due acknowledgment was made.

Dental Hygiene

There was an increased demand for dental treatment among the children in public and parochial schools during 1941. Because of the limited staff, many of these children were referred to the Dental School of the University of Maryland.

During the year, 4,248 children were examined and treated for dental defects in the sixteen dental clinics located in the elementary schools. A large number of the children treated were suffering with toothache and it was necessary to extract many permanent and temporary teeth. Other treatments consisted of fillings and prophylaxis.

The preschool dental clinic at the Dental School of the University of Maryland continued to render treatment to white children from eighteen months to school age. This clinic cooperated with the medical clinic of the University Hospital and children were examined and treated by senior students under the supervision of a graduate dentist.

A brief summary of the dental service rendered to children of school age during 1941 is as follows:

Patients registered at clinics.....	4,248
Visits to clinics.....	5,340
Prophylactic treatments given.....	2,293
Teeth filled.....	1,187
Temporary teeth extracted	7,363
Permanent teeth extracted.....	1,931
Cases completed and discharged	3,587

Public Health Nursing

The bureau participated actively in the new tuberculosis control program of the Health Department. With the appointment of Dr. Brailey as Director of the Bureau of Tuberculosis many new administrative and field procedures were inaugurated and an intensified study of known tuberculosis cases was begun. Each supervisor and public health nurse was

given an opportunity to attend conferences with Dr. Brailey, at which time a review of the tuberculosis cases was made. Cases under review were as far as possible reclassified according to sputum and X-ray status.

In accordance with plans made for the absorption of a portion of the work of the Babies Milk Fund Association two nurses from that organization were transferred to the Health Department payroll, following their certification by the City Service Commission. In January two other public health nurses were selected to fill newly created positions.

Federal Social Security funds allocated to the State of Maryland for the training purposes of personnel again made it possible to secure one year of college work for two of the department's public health nurses, Miss Edna J. Faith and Miss Teresa M. Griffin, and for one acting supervisor of nurses, Miss Grace S. Volmar. For this the three nurses were granted leaves of absence without pay for the academic year beginning in September, 1941.

Special training was given to eight staff nurses for a period of one week at the Children's Hospital School and the Kernan Hospital for Crippled Children in preparation for special work in poliomyelitis. This group of nurses visited the homes of cases of poliomyelitis when they had returned from the hospitals and gave nursing care and instruction to parents. The work was subsequently turned over to the Instructive Visiting Nurse Association.

With the opening of the Armistead Gardens housing project in the southeastern section of the city public health nurses made a house-to-house canvass in this area to secure the cooperation of parents in having their children vaccinated against smallpox and inoculated against diphtheria. Clinics for this purpose were established in the Armistead Gardens recreation center. Following the death of two colored children from diphtheria in the area of the Druid Health Center public health nurses participated in a special diphtheria prevention campaign conducted in this section during October and November. Emergency toxoid clinics were established in the immediate neighborhood for the convenience of the parents.

Numerous conferences were held with the Commissioner and Assistant Commissioner of Health, the Director of the Bureau of Vital Statistics and the various bureau directors to study and reduce, wherever possible, the heavy case load of the public health nurses. By September all the department public health nurses had completed a Red Cross refresher course in first aid and a number took the instructor's course.

SANITARY SECTION

Important advances were made in the City Health Department housing program during 1941. The owner of the slum houses on Moore Street

who failed to comply with notifications of the Commissioner of Health in 1940, and against whom legal proceedings were instituted at the close of the year, demanded a jury trial when the case was presented on a show cause summons in a magistrate's court. After grand jury proceedings, and delays because of legal technicalities, trial by jury was held and resulted in a sentence of guilty and the payment of a fine in the Criminal Court on June 10, 1941. Two ordinances, Ordinance No. 384 on the Hygiene of Housing, approved March 6, 1941, and Ordinance No. 507, approved June 28, 1941, which amended the rooming house section of the city code provided the Health Department with needed fundamental authority in dealing with insanitary housing.



Evening Sun Photograph

MOORE STREET—TEST CASE

Three employees, under the new classification of Senior Sanitary Inspector, were added to the staff in order that full time could be devoted to the study and improvement of bad housing conditions in the city. In several instances such as the slum dwellings on Winter Street, dwellings wholly unfit for human habitation were vacated and were subsequently demolished with the cooperation of the City Buildings Engineer. In a number of cases marked improvements in dwellings were made by owners after inspection and notification by the Health Department.

In order to improve the supervision of industrial hygiene a position in a new classification, Chief of the Division of Industrial Hygiene, was created and filled. There was also better correlation of the medical and

technical activities by the inauguration of weekly conferences on industrial hygiene within the Health Department. Throughout the year attention was concentrated chiefly on large and small plants working on Federal government contracts and sub-contracts. In addition to investigating workroom environments for the more general health hazards important studies made included exposures to lead, benzol, toluol, selenium, tellurium, radium-containing paints, manganese, mercury, carbon monoxide, chromium, ethylene dichloride and silica. The Maryland State Board of Health and the Commissioner of Health of Baltimore adopted concurrently on September 25 a regulation prohibiting the dangerous and unnecessary use of mercurial carrot in the preparation of hatters' fur. This became effective on December 1.

There was participation by the section director in the following important administrative matters: The study of items of health significance in the proposed new city building code which, as Ordinance No. 578, was approved October 31 as the Building Code of Baltimore City; the inauguration of a course of inservice training for new appointees to the Sanitary Section inspection staff; an orientation course for U. S. Public Health Service personnel; the first Maryland State-Wide Safety Conference sponsored by the State Industrial Accident Commission; the consideration of a Housing Code for Baltimore City; a survey of housing conditions in the central congested area of the city under the co-sponsorship of the Baltimore Housing Authority, the Johns Hopkins School of Hygiene and Public Health, and the City Health Department; a survey of housing conditions in the rooming house districts in cooperation with the Buildings Engineer and the Fire Department; certain sanitation problems in industrial defense areas of the city; and the investigation of atmospheric pollution by a rendering company in a residential district.

Milk Control

Regulations governing the handling of milk by retail milk distributors were adopted on March 13 in order to strengthen the Health Department control of this branch of the milk industry. Previously in the absence of regulations the supervision of the sixteen holders of Retail Milk Distributing Permits, the so-called "bobtail" trade, had been inadequate.

Two attempts to remove the date of pasteurization from milk bottle caps were made by groups of milk distributors. The first effort was made by an association of grocers after most of the milk pasteurization plants had refused to continue the custom of accepting the return of out-of-date milk from stores. The association of grocers introduced a milk ordinance amendment in the City Council but the measure met with strenuous opposition and consequently was withdrawn by its sponsors. In the second

attempt to change the labeling requirement a group of milk pasteurization plants requested permission to substitute a code for the day of pasteurization on milk bottle caps. The request was not granted because the proposed change in practice would deprive the purchasing public of its customary ability to determine the freshness of the milk when bought. Most of the plants discontinued Sunday deliveries of milk in early November and this led to temporary violations of the ordinance requirement that milk be sold not more than thirty-six hours after the day of pasteurization. The current problem was discussed in a conference in the Mayor's office on November 10 of which there is a record in the December, 1941 issue of *Baltimore Health News*.

The tenth annual Sanitary Milk Production Contest was won by the High School of Delta, Pennsylvania. A total of 4,177 students from nineteen rural high schools on the city milkshed have been trained for the contests during the ten-year period, many of whom are now actively engaged in producing milk for the Baltimore market.

With the exception of 1930 the city milkshed experienced the driest year in 1941 ever reported by the U. S. Weather Bureau. The drought caused incalculable damage to pastures, feed crops and farm water supplies and reduced to a critical point the city milk supply during August and September. It is interesting to note that in spite of these circumstances the milk producers were able to accomplish a 6 per cent increase in production for the year in order to prevent the necessity of importing unapproved milk for the city's increased population.

In general a satisfactory standard of sanitary quality for the city milk supply was maintained throughout the year, although the average bacterial count of the incoming raw milk increased from 62,200 per cubic centimeter in 1940 to 87,300 in 1941 and the average doorstep pasteurized milk count increased from 800 in 1940 to 1,300 for the following year. Out of a total of 995 routine samples of pasteurized milk tested there were only 3 which indicated improper pasteurization. The percentage of the city milk supply sold as pasteurized milk reached a new high of 99.3 per cent at the close of 1941. During the year there was no known case of communicable disease traced to milk purchased within the city limits.

Food Control

The new State Board of Health regulation governing the sale and use of insecticides containing sodium fluoride became effective throughout Maryland on June 15. The regulation requires that such insecticides shall be tinted a Nile blue color. It was adopted following the accidental death in a neighboring city of twelve persons caused by the mistaken use of this white chemical for pancake flour, and following the discovery that

quantities of these poisonous non-colored insecticides were also in use in Baltimore. All known manufacturers of insecticides were notified of the new regulation and food establishment owners and operators in Baltimore were required to free their premises of all untinted insecticides containing fluoride.

There was a decrease in the number of reported cases and outbreaks of food poisoning as compared with the previous four years. Of the twenty-one alleged outbreaks investigated during the year it was possible in only four instances to establish that a particular food was responsible. In the



Photograph by R. L. Baird

EIGHT OF THE TWELVE POISON-PANCAKE VICTIMS

other instances no food could be found at fault and some in this group of outbreaks may not have been due to food poisoning.

Several thousand handlers of food were given specific instruction individually and by groups. Lectures and demonstrations included the subjects of food utensil washing and disinfecting and the measures for the prevention of food poisoning.

No case of tularemia was reported in the city during the year. This can, no doubt, be attributed to the effectiveness of the ordinance adopted in 1940 which prohibits the importation and sale of wild rabbits and hares in the city.

Grocery stores, lunchrooms, restaurants, drug store soda fountains and similar establishments were found to be operating under better sanitary

conditions than in previous years. Over 2,000 swabbings of food utensils obtained at these retail food establishments and submitted for bacteriologic examination gave indication that compliance with the new State regulations governing food utensil washing and disinfecting had been reasonably effective. Evening inspection of restaurants and soda fountains during the latter part of the year indicated noncompliance with ordinance provisions concerning the sale of milk within thirty-six hours after the day of pasteurization.

Inspections were made of food establishments in areas of defense manufacturing plants. The population influx caused an increase in the patronage of restaurants and taverns in these factory areas and the exodus of approximately 20,000 of the estimated 55,000 food handlers into defense industries necessitated increased inspection activities because the substitute food workers were inexperienced. Industrial plants establishing new cafeterias were given recommendations on the sanitary handling of food.

No instance of lead or arsenic spray residues was found on fruits or vegetables during the year. Field testing for arsenic was done by inspectors in wholesale food establishments and during vehicle inspection. Bacteriologic examination of shell stock oysters obtained at points of entry into the city showed that this food was for the most part free from organisms of fecal origin. Positive findings were in all instances reported to the U. S. Public Health Service. All oysters imported to the city originated from certified or approved sources. Food salvage sales at auction houses were given particular attention and such food was not put up for sale until after inspection and approval by representatives of the bureau.

Candy manufacturing plants were rigidly inspected during the year and specifically for rodent infestation. Several thousand pounds of candy were condemned and destroyed after microscopic examination in the Bureau of Laboratories revealed the presence of rodent hair contamination. Manufacturers were taught individually and at group meetings how to rat-proof their buildings and to prevent rodent harborage. A survey for the presence of Weil's disease among persons engaged in killing poultry revealed a number of positive laboratory findings in workers in rodent-infested plants.

Bakers were again advised to continue to rebake custard-filled pastries. A printed pamphlet which stated the procedure to follow in the rebaking process was sent to each baker in the city. Fortification or enrichment of bread by the bakers necessitated investigation of this process. It was found that about three out of four bakers in the city were using yeast with high vitamin B₁ content and also with nicotinic acid and a salt of iron as the "enriching" agents.

Kitchens in hospitals and homes for the aged were inspected and because of several outbreaks of gastro-intestinal illness instruction was given

in safe methods for the preparation, storage and serving of food. Cooperation was given to the Baltimore Chapter of the American Red Cross in an advisory capacity in connection with nutrition training courses conducted by this organization.

Meat Inspection

The bureau continued the inspection of all livestock slaughtered at local establishments. Strict supervision was also maintained over establishments which manufactured meat food products, processed meat products, wholesale meat and meat products, car route shipments of meats entering the city, and federally inspected establishments operating within the corporate limits of Baltimore City.

In addition, service was rendered on numerous occasions to the Bureau of Communicable Diseases in the examination of domestic animals for the control of rabies, the Bureau of Food Control in the examination of poultry, the Maryland State Department of Health and the State Commodity Warehouse under the State Department of Public Welfare, and to local and foreign steamship lines in the reinspection of meat products.

The bureau chief adjudicated nine appeal cases which involved the final disposition of fourteen carcasses and 11,800 pounds of meat products, all of which were condemned as unfit for human consumption.

The bureau has been instrumental in the adoption by the Federal agencies of regulations governing the labeling of meat food products. These require that the ingredients used be listed in the order of their predominance on labels in addition to the true name of the product. Such a regulation of the Baltimore City Health Department governing the labeling of meat products had been in effect since October 28, 1938.

The bureau was again authorized by Federal and State agencies to slaughter cattle with suspected Bang's disease, mastitis and tuberculosis. During the year, 1,593 reactor cattle were inspected and of these 3 were condemned.

Inasmuch as it cannot be determined by any present known method of inspection whether the muscle tissue of pork contains trichinae, and as live trichinae are dangerous to health, the bureau requested local meat packers to adopt and print on all containers of fresh pork products the slogan: "Cook Pork And Its Products Thoroughly." It is very gratifying to report that the local packers have complied with this suggestion.

Environmental Hygiene

Sanitation

Activities of the bureau which indicate the progress made in housing include: The demolition of a multiple family slum dwelling at 815 Hanover Street and several single family dwellings unfit for habitation on Ostend Street; the successful prosecution of two property owners for failure

to comply with Health Department notifications to correct insanitary housing conditions; the approval of two new ordinances giving the Commissioner of Health broad powers in dealing with unhygienic housing; and the increase in housing inspections made possible by a large field staff. The acute housing situation which resulted from the immigration of thousands of defense workers and their families required increased supervision over housing accommodations, particularly in sections where furnished rooms were rented and where residences were being converted into multi-family apartment use.

Other special activities were: The inspection and posting of warning notices along polluted streams to guard against their use by the public for recreational purposes; investigation of mosquito infestations and subsequent control with the cooperation of the Engineer of Street Cleaning; inspections of homes for the aged for approval as to sanitary requirements in cooperation with the City Department of Public Welfare; improvements in methods of sewage disposal in unsewered areas of the city; investigation of housing conditions in connection with certain reported cases of typhoid fever, rat-bite fever and diphtheria; and the continued enforcement of the psittacosis control ordinance which involved the detention of a lot of parakeets in a local store and their subsequent return to an out-of-state distributor.

Industrial Hygiene

Nearly 2,500 plant investigations were made and detailed analyses were ordered where health hazards seemed apparent. Over 200 of these were defense plant inspections. Some of the most important technical studies of exposures to toxic substances included: Aromatic and halogenated hydrocarbon vapors; mercury vapors; lead, manganese, selenium, chromium, silica and zinc-containing dusts; emanations from radio-active materials; and carbon monoxide gas. Medical examinations of workers exposed to toxic materials were accomplished through the cooperation of the Bureau of Occupational Diseases in connection with several of the technical studies made, and included exposures to lead and arsenic in an insecticide manufacturing plant, manganese in ore crushing and benzol in several plants using this solvent.

A number of improvements of health significance were accomplished through the interest and cooperation of industrial executives such as the provision of additional protective equipment including local exhaust systems, approved respiratory protection devices and goggles, segregation of hazardous operations, and the substitution of nontoxic for toxic materials. In the general working environments many improvements were obtained in drinking water facilities, toilet and washing facilities and in lighting and ventilation.

Conclusion

Housing has for decades been a chief function of local health authorities in some European countries. Its direct and preventive connection with the health of the people of a city like Baltimore is obvious, and this seems now to be well recognized by the people, by the slum owners and by the courts.

For past generations the public health challenges were yellow fever and smallpox. Such pestilential diseases have gone down before well directed public health onslaught. A great contribution of the last generation was the removal of typhoid fever from the city water and milk supplies and more recently diphtheria has come under control.

It may be hoped that current and continuing efforts will remove the last of the rat-harboring frost-proof hopper nuisances from the back yards of Baltimore, and that a generation or so hence much hard work will have led to the elimination of our disease-breeding slums. We have lived too long and too complacently with them. They are bad investments regardless of any money return and we must fight a civic battle to rid our city of them as our predecessors fought to rid the city of its pestilences and to eliminate all but the last traces of its typhoid fever and diphtheria.

Baltimore is probably one of the most fortunate of cities because its people are making real efforts to learn the important lessons that are necessary in order to keep well and to prevent disease.

Respectfully submitted,

Huntington Williams, M.D.

Commissioner of Health.

Baltimore, Maryland
May 1, 1942

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ADMINISTRATIVE SECTION

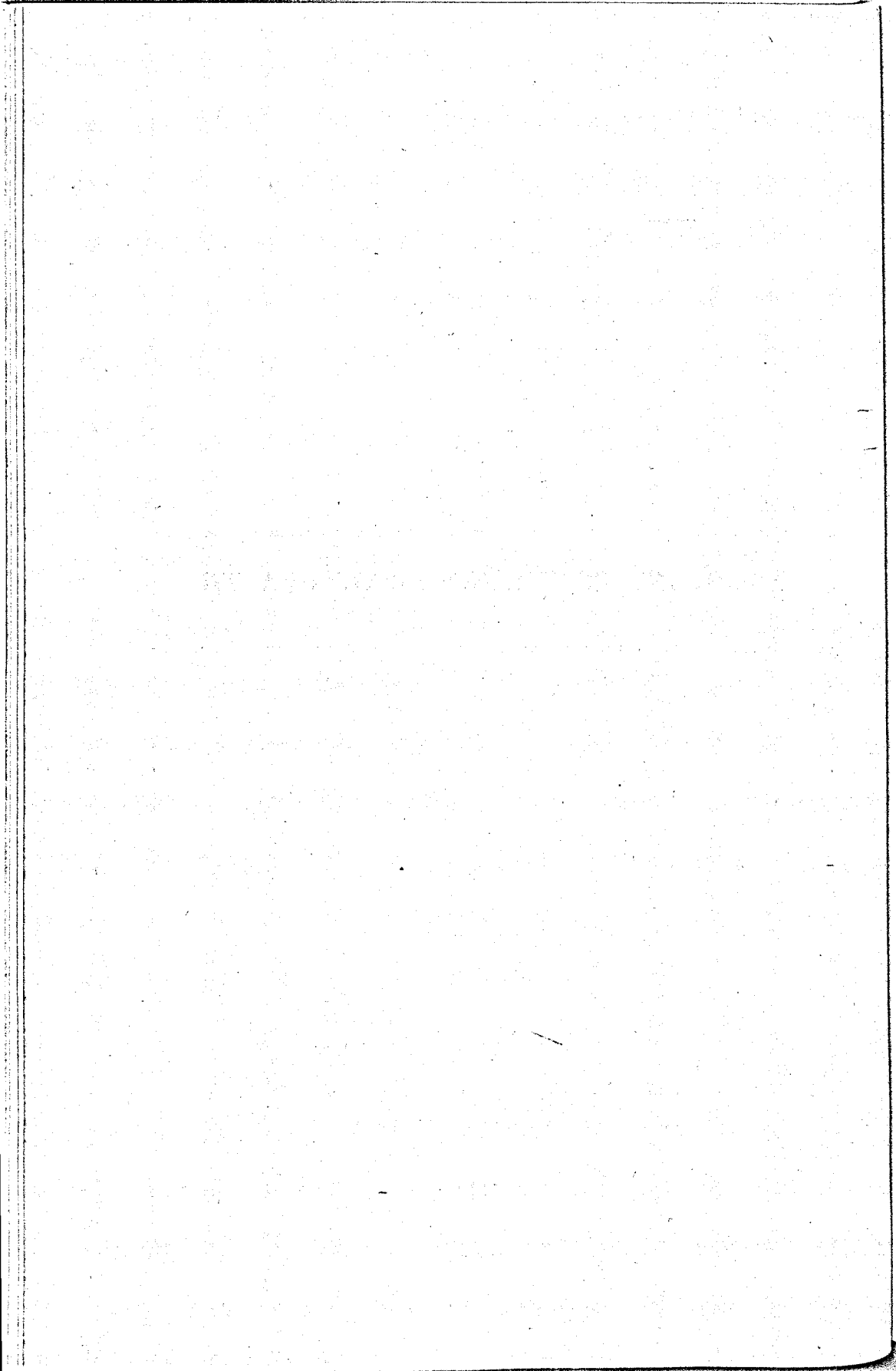
EXECUTIVE OFFICE

Personnel

Huntington Williams, M.D., Dr. P. H., Commissioner of Health
Ross Davies, M.D., M.P.H., Assistant Commissioner of Health
Reed Gaither, Senior Account Clerk and Secretary to the Commissioner
Sadie E. Figg, Senior Stenographer
Helen vonWachter, Senior Stenographer
Frank J. Feeley, Junior Clerk
Dorothy I. Payson, Senior Stenographer
Hillard Curland, Junior Typist

Note: Personnel records as given here and at the close of each bureau report are in accordance with the Department staff roster as of December 31, 1941.

ASSISTANT COMMISSIONER OF HEALTH



ASSISTANT COMMISSIONER OF HEALTH

Ross Davies, M.D., M.P.H.

During 1941 the work of the Assistant Commissioner of Health, for the most part, dealt with administrative activities of the Health Department and more particularly with the coordination of the various bureaus and health districts. Problems in district and bureau administration were studied and changes were made to promote a more efficient public health program.

The following were among the more important assignments received from the Commissioner of Health and exemplify the type of work conducted by this office.

1. Weekly conferences with the Superintendent and Medical Director of Sydenham Hospital were attended at the Hospital.
2. Arrangements were made throughout the year for addresses and health talks to be made by bureau directors, district health officers and other members of the staff before groups in official, nonofficial and civic organizations in the city.
3. Semimonthly conferences were attended in each of the four health district offices. These meetings were conducted by the district health officer and were attended by the district supervisory staff and by the Director of the Bureau of Public Health Nursing and occasionally by other bureau directors.
4. Programs and appropriate demonstrations of work in the bureaus were scheduled for individuals and groups of visitors.
5. A program was developed for student groups in health administration at the Johns Hopkins School of Hygiene and Public Health for Dr. Allen W. Freeman, Professor of Public Health Administration.
6. A Work Projects Administration program for clerks and other employees in different bureaus of the Department was planned and directed. A summarized report of this project follows:

Work Projects Administration

Project No. 7066 which was started in August, 1938 was discontinued on January 30, 1941. On February 10 work was instituted on Project No. 7135 and on October 20, Project No. 7140 was started and continued

throughout the year. The following table gives the estimated expenditures for these projects for 1941:

EXPENDITURES ON WPA PROJECTS NO. 7066, 7135 and 7140 IN THE HEALTH DEPARTMENT

CLASSIFICATION	TOTAL	FEDERAL	SPONSOR
Total Items.....	\$34,211.83	\$25,748.31	\$8,463.52
Labor.....	30,137.63	25,267.93	4,869.70
Other than labor.....	4,074.20	480.38	3,593.82

During the year there were from twenty-five to forty persons employed at various times in the City Health Department under WPA funds. An artist from a project located at the University of Maryland was available for a few months of the year. He designed posters and exhibits for several bureaus of the Department. A working schedule of 120 more hours per month was made effective as of July 1, 1940 and was continued throughout the year 1941. The Project identified as No. 7140 was requested by the Health Department to give clerical assistance to several bureaus which were taxed by an increased volume of work under the national defense program.

The number of workers by title classification in terms of equivalent working hours of regular Health Department employees, is shown in the following tabulation:

WPA ASSIGNMENTS IN THE HEALTH DEPARTMENT

CLASSIFICATION	AVERAGE NUMBER OF PERSONS IN EQUIVALENT WORKING HOURS FOR 12 MONTHS
Supervisor.....	1.0
Foreman.....	1.8
Copy Reader.....	0.8
Supervisory Clerk.....	1.0
Chief Timekeeper.....	0.4
Senior Timekeeper.....	0.5
Senior Clerk.....	10.6
Card Punch Operator.....	0.2
Stenographer.....	0.4
Senior Typist.....	4.1
Junior Clerk.....	14.1
Junior Typist.....	3.2

The administration of WPA work was identical with that of previous years. A unit was set up in the Bureau of Vital Statistics to give assistance in the issuance of birth transcripts and the recording of delayed birth registrations. In addition to the assignments of workers to bureaus of the Department, there were several units of this project in operation at

the Johns Hopkins Hospital. Work at the hospital consisted of checking the soundex system used in the history name card files and in sending questionnaires to graduate nurses for enlistment in national defense work.

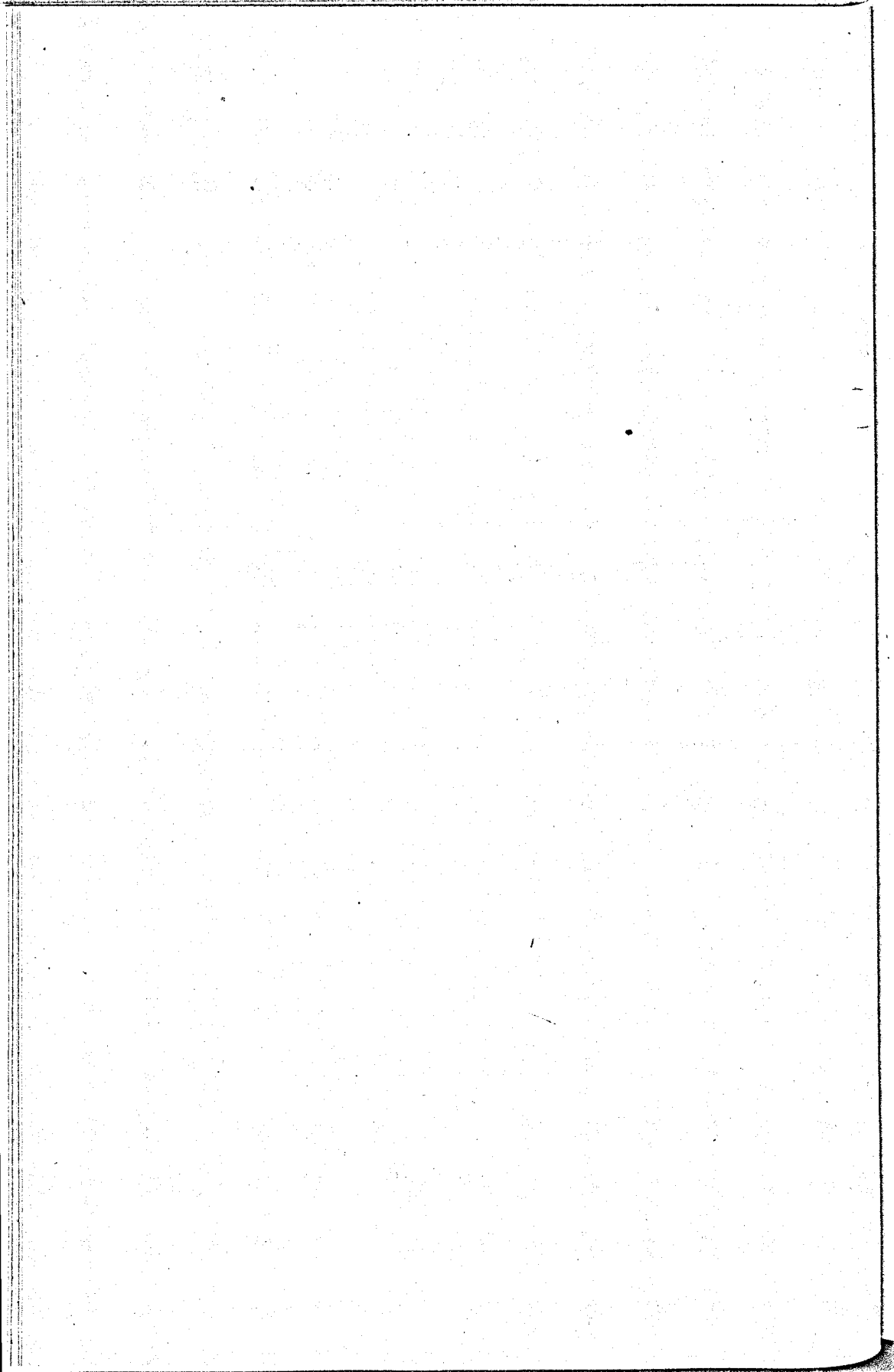
During 1941 subprojects were completed that involved master card file of food handlers for the Bureau of Food Control, and an index of hospital purchase records for Sydenham Hospital.

A considerable amount of work was accomplished on other subprojects which had been started in 1940. The scripts of the "Keeping Well" radio drama series were stenciled and proofread; clerical assistance was given in several Department clinics; newspaper clippings of health items for the years from 1932 to 1941 were mounted on bristol board and indexed; assistance was given in the installation of a tuberculosis register and in a follow-up study of discharged tuberculosis sanatoria cases; and calculations and tabulations were made of census data. The distribution and time allotment of WPA personnel in the Health Department and the status of the subprojects as of December 31, 1941 are given in the table on the following page.

ACTIVITIES OF WPA PERSONNEL ON PROJECTS IN THE HEALTH DEPARTMENT—1941

ASSIGNMENT IN HEALTH DEPARTMENT	DESCRIPTION OF SUBPROJECT	STATUS OF WORK AS OF DECEMBER 31, 1941	PERSONNEL		AVERAGE NUMBER OF WEEKS PER PERSON
			Classification	Number	
Administrative Section	Supervising and coordinating unit Stencil and multigraph "Keeping Well" series, radio talks and dramas	Not completed			
	Preparing a report of History of Typhoid Fever Outbreak	Not completed	Supervisor	1	43
	Preparing a report of Disposal of Rubbish and Garbage of Baltimore City	Not completed	Foreman "A"	1	46
	Codifying health legislation	Not completed	Senior Timekeeper	1	23
	Index news clippings	Not completed	Copy Reader	1	34
	Improvement of current administrative practices	Not completed	Secretary	1	20
			Senior Clerk	3	40
			Senior Typist	2	43
Vital Statistics	Tabulating follow-up records of tuberculosis sanatoria cases	Not completed	Junior Clerk	1	36
	Issuance of birth transcripts and recording of delayed birth registrations	Not completed	Junior Typist	2	40
	Coding contributory causes of death	Not completed			
	Tabulations of school census and building permits	Not completed	Foreman "A"	1	32
	Calculations of population census data	Not completed	Supervising Clerk	2	46
	Tabulation of preventive health services	Not completed	Senior Clerk	6	40
	Giving clerical assistance in analysis of nurses' questionnaires, Johns Hopkins Hospital	Not completed	Senior Typist	3	38
	Checking, coding and filing of name cards in the Johns Hopkins Hospital History Room	Not completed	Office machine Operator	1	6
Eastern Health District	Transcribing of theses	Not completed	Junior Clerk	8	30
Druid Health Center	Giving clerical assistance in Health Department clinics	Completed	Junior Typist	4	18
Tuberculosis	Installing tuberculosis register	Not completed	Senior Typist	2	20
			Stenographer	1	14
Food Control	Installing food establishment master file cards	Completed			
	Giving clerical assistance in tabulations of food poisoning, nutritional disease, and complaints and investigation records	Not completed	Senior Clerk	1	34
Nursing	Giving clerical assistance in Health Department clinic	Not completed	Junior Typist	1	46
Sydenham Hospital	Index hospital purchase records	Completed			
Communicable Diseases	Giving clerical assistance on inoculation and diphtheria prevention records	Not completed	Junior Typist	1	20
Community Sanitation	Giving clerical assistance on inspection and industrial hygiene records	Not completed	Junior Clerk	1	12
			Senior Clerk	1	12
Laboratories	Giving clerical assistance on serological test records	Not completed	Junior Typist	1	12
Venereal Diseases	Giving clerical assistance on clinic records	Not completed	Senior Clerk	2	6
			Senior Clerk	1	12

BUREAU OF VITAL STATISTICS



BUREAU OF VITAL STATISTICS

W. Thurber Fales, Sc.D.

Director

The development of the war emergency during 1941 had a direct effect upon the work of the Bureau of Vital Statistics, especially in the number of requests for copies of official records of births. There were 18,392 birth transcripts issued in 1941 as compared with 11,028 in 1940 and only 2,545 in 1939. Under regulations adopted by the Maryland State Board of Health on June 29, 1939, effective as of November 15, 1940, the bureau placed on file 1,120 delayed registrations of birth for individuals born in Baltimore whose birth had not been reported at the time of occurrence. The number of transcripts of death certificates issued in 1941 was 17,311 as compared with 17,155 issued during 1940.

A total of 19,406 births occurred in Baltimore during 1941. Of these, 3,606 were births to mothers not residents of the city. The proportion of births occurring in hospitals, 79.9 per cent, was the same as in 1940. Midwives delivered 423 babies or 2.2 per cent as compared with 334 or 2.0 per cent during the previous year. Detailed tabulations of the statistics of births and deaths for 1941 appear at the end of the ANNUAL REPORT.

Division of Morgue and Public Cemetery

There were 1,135 bodies sent to the Morgue during 1941. Of these, 943 were claimed by relatives and friends. A tabulation of bodies handled by the Division of Morgue and Public Cemetery is presented at the end of this section.

Other Activities

In spite of the heavy calls on the bureau for copies of official records and other verifications, the usual weekly and monthly statistical reports on the health of the city were prepared during the year. In the summer and fall, the bureau director collaborated with the Sanitary Section and the Baltimore Housing Authority in a sample survey of housing in two areas located east and west of the central business section of the city.

An article entitled "Population Changes in Baltimore" written by the Director was published in the June issue of *The Councillor*, the quarterly journal of the Baltimore Council of Social Agencies.

Personnel

W. Thurber Fales, Sc.D., Director
 William G. Helfrich, M.D., Medical Investigator
 Howard A. Moore, Principal Clerk
 Langdon B. Backus, Statistician
 Irma E. Wehn, Principal Clerk
 Ruth Gees, Statistical Clerk
 Elizabeth Steman, Statistical Clerk
 Margaret Amspacher, Statistical Clerk
 Robert R. Krauter, Senior Clerk
 Mary A. Hohrein, Senior Clerk
 Fannye G. Adler, Senior Stenographer
 Mildred S. Lochenauer, Senior Tabulating Machine Operator
 India F. Erlbeck, Numeric Key Punch Operator
 Ida M. Padgett, Numeric Key Punch Operator
 Joan R. Mierzwicka, Junior Stenographer
 Gertrude Block, Junior Typist
 J. G. McLaughlin, Principal Clerk
 John P. Boyle, Chauffeur
 William C. Kidd, Chauffeur
 C. L. Disney, Park Caretaker

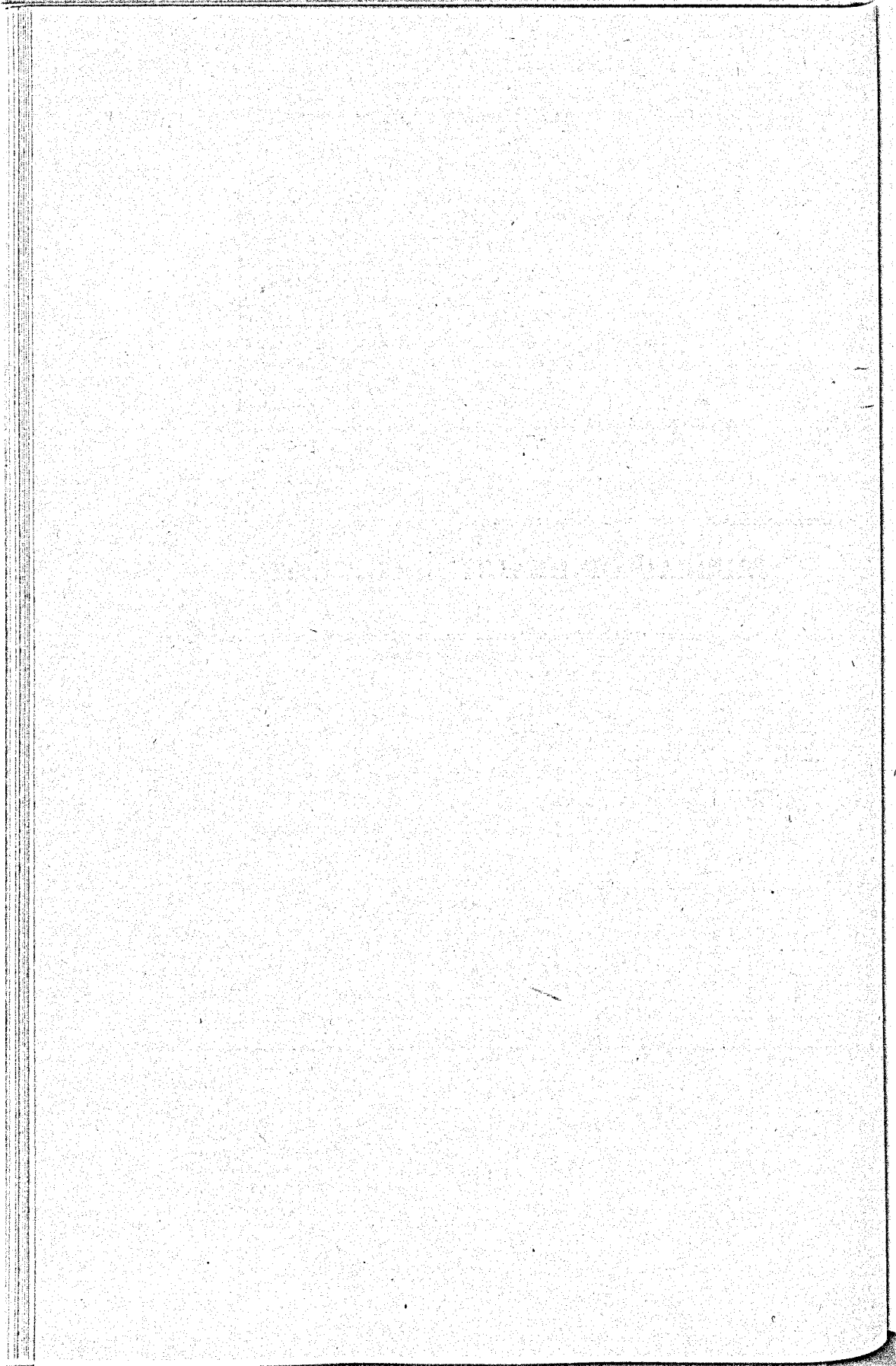
TABLE NO. 1
 ACTIVITIES OF DIVISION OF THE MORGUE AND PUBLIC CEMETERY—1941

	TOTAL	WHITE		COLORED	
		Male	Female	Male	Female
BODIES DELIVERED TO ANATOMICAL BOARD					
All bodies.....	881	284	150	276	140
Stillbirths.....	421*	126	96	93	75
Under 1 year.....	247	76	46	80	45
Other children.....	6	0	1	2	3
Adults.....	207	82	7	101	17
BODIES BURIED IN PUBLIC CEMETERY					
All bodies.....	40	18	7	12	3
Stillbirths.....	17	6	5	6	0
Under 1 year.....	6	1	1	2	2
Other children.....	0	0	0	0	0
Adults.....	17	11	1	4	1
BODIES RECEIVED AT MORGUE					
All bodies.....	1135	508	132	359	136
Stillbirths.....	54**	23	18	7	2
Under 1 year.....	66	12	13	21	20
Other children.....	34	9	8	11	6
Adults.....	981	460	93	320	108

* Includes 31, color or sex undetermined

** Includes 4, color or sex undetermined

BUREAU OF HEALTH INFORMATION



BUREAU OF HEALTH INFORMATION

Esther S. Horine, A.B.

Chief

The success of the City Health Department literature racks as a means of informing the public about health was indicated by receipt of requests for more racks. The record of the development of rack distribution shows that placements have been made as follows: 1939, Branch 18 of the Enoch Pratt Library; 1940, Branches 1, 4, 13, 14, 18, 20, 24, and 25 of the Enoch Pratt Library, and the medical dispensaries of the Johns Hopkins, Sinai and Mercy Hospitals and the Harriet Lane Home; 1941, Branches 3, 8, 9, 11, 12, 19, 23, and 26 of the Enoch Pratt Library and the medical dispensaries of the St. Agnes and West Baltimore General Hospitals, the office of the headquarters of the National Youth Administration and the office of the Armistead Gardens which is one of Baltimore's newest and largest white housing projects. There are ten other racks located in the offices of the City Health Department and in its Health District offices. A map of the city with the locations of all of the thirty-three City Health Department literature racks indicated on it shows a well balanced coverage of the city.

"Keeping Well" Drama Series

The "Keeping Well" radio series which has been presented each week since 1932 under the joint sponsorship of the Baltimore City Health Department and the Medical and Chirurgical Faculty of Maryland was continued. The health drama scripts were prepared by a special staff member and edited first by the Bureau of Health Information and then by the appropriate bureau director and the Commissioner of Health. These scripts were bound into books and were supplied as requested to other health agencies for use in their respective communities.

Adult Education

The series of twenty-four lectures given by the Commissioner of Health and Health Department bureau directors to the teachers of parent education in the Baltimore City schools were apparently of considerable value as a measure of informing the lay public about health. The class was also taken to visit Sydenham Hospital, the Southeastern Health District and

the Druid Health Center. Mrs. Sarah Davis, Supervisor of Parent Education, in the City Department of Education gave the following description of this activity and of its value in an article which appeared in the *Baltimore Bulletin of Education* for September-October, 1941:

"This form of adult education educates the individual not only in respect to his parental rights and privileges in a typical American community but in respect to his responsibilities as well. To illustrate how a feeling of responsibility is built up let us take as a specific example the topic of health. Parent education teachers in Baltimore are held responsible for explaining to the members of their classes the privileges which parents may enjoy in the way of health service. To this end our teachers have had a series of lectures from the directors of each bureau in the Health Department. Through direct teaching and through visits to hospitals, clinics and laboratories the parents become acquainted with the health protection which has been provided for themselves and their families."

Health Addresses and Seminars

A total of 1,251 health addresses was given in 1941 by members of the Health Department staff. As in previous years the public health nurses of the city contributed greatly in the important field of spreading health information and gave classroom talks and interviews to parents. Through these activities the nurses reached a total of 26,026 persons. There were 295 seminars and field demonstrations held during the year. The Health Department motto, *Learn to Do Your Part in the Prevention of Disease* was emphasized at all health addresses and seminars and a total of 54,007 persons was reached through these activities.

Department Publications

For the eighteenth consecutive year *Baltimore Health News* was issued each month. The ANNUAL REPORT was edited by the Chief of the Bureau and direction was also given for the printing of the volume. The Department published five new leaflets which will be found listed in the Bibliography and thirteen reprints and five mimeographed publications were also issued.

News Releases

The Bureau of Health Information provided twelve articles and photographs for a special supplement of the *Baltimore News-Post* dedicated on May 20 to Child Health. The bureau also prepared monthly news articles

for the Journals of St. Martin's and St. Andrew's Churches. The cooperation of these churches was excellent and health information releases reached a total of about 15,000 people through these church journals which are one of the most valuable media for sending health information to the family group.

Clipping Service

Two volumes of Health Department publicity items for 1941 were indexed and prepared for binding for the administrative office. There were 291 items of Health Department publicity in the local press with a total of 3,223 column inches. All local newspapers and the New York Times were clipped daily and public health items were filed in the library.

Miscellaneous

In cooperation with nonofficial organizations special attention was given to Syphilis Control Day, nationally known as American Social Hygiene Day; to slum clearance, National Negro Health Week, Child Health Day, National Hearing Week, the State-Wide Safety Conference, Civilian Defense and the 35th Annual Tuberculosis Seal Sale.

The Sanitary Milk Production Contest was conducted by the Bureau of Milk Control for the tenth consecutive year. The training given to vocational high school pupils, on the city milk shed, in preparation for this contest helped to stimulate interest in healthful living.

Visual Education

The exhibit, poster and graph work increased during the year. As a result of City Health Department displays at the exposition for the local observance of National Negro Health Week in which ten bureaus participated together with ten nonofficial organizations, contrasted with six and eight respectively the previous year, there were shown in Washington, D. C. two special exhibits made up largely of Health Department material. One of these exhibits was planned for the annual meeting of Former Interns of Freedman's Hospital and the other for the dedication of the new wing for tuberculosis patients there. Other exhibits were displayed at the annual Food Show; at the Enoch Pratt Free Library; two at the Gwynns Falls Park Junior High School; the first Maryland State-Wide Safety Conference; and at the annual meeting of the Society of American Bacteriologists.

Of the seven permanent exhibits built during 1941, six were large three-dimensional posters. These with others of similar type, previously designed, were available for loaning out if transportation was provided. The

subjects covered in this phase of the work included trichinosis, pasteurized pastries, dental care, syphilis and rat control. In addition 110 charts, drawings, maps, cards and signs were prepared as compared with 72 the preceding year. The art activities were carried on in cooperation primarily with a part time artist provided by the Work Projects Administration, but for the completion of one of the projects, the services of three artists of that administration were provided. Forty-one posters were rotated to the public and parochial schools in the Southern Health District.

Personnel

Esther S. Horine, Chief
Dorothy Regina Kalben, Division of Publications
Dorothy Maynard, Senior Stenographer

TABLE NO. 1
SUMMARY OF EDUCATIONAL WORK DONE BY THE HEALTH DEPARTMENT IN 1941

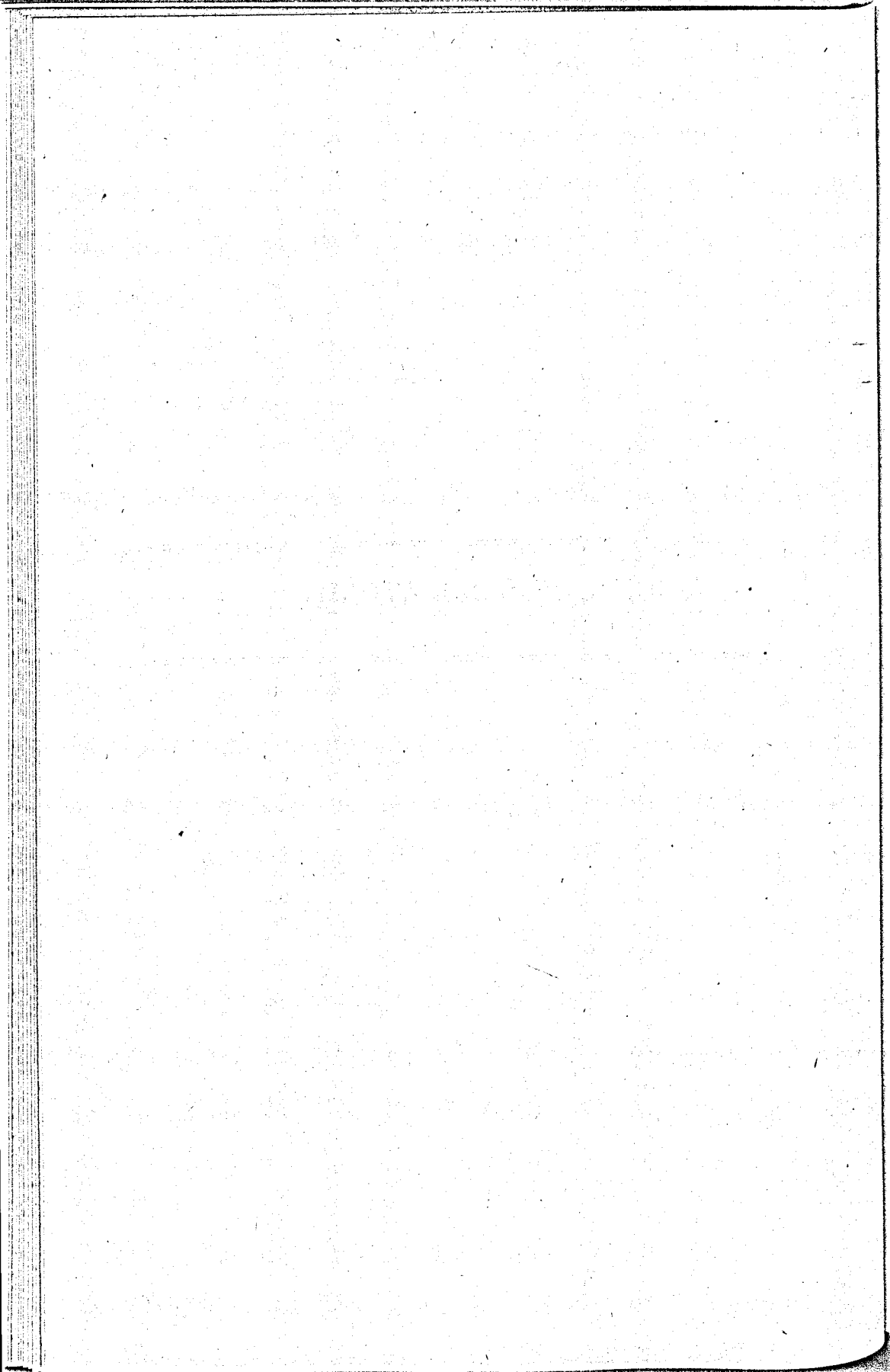
SECTION ON BUREAU																		
PUBLICATIONS	NEWS-PAPER PUBLICITY		PRINTED MATERIAL DISTRIBUTED		BALTIMORE HEALTH NEWS	HEALTH ADDRESSES AND SEMINARS			VISUAL EDUCATION			RADIO BROADCASTS	HEALTH CONTESTS	TRAINING OF DEPARTMENT PERSONNEL			MEETINGS ATTENDED	CONFERENCES
	Articles	Column Inches	Requests	Pieces		Health Addresses	Seminars	Persons Reached	Exhibits	Films, Slides	Persons Reached			Classes	Persons	Hours		
Entire Department.....	23	275	3,467	85,655	797,683	67	1,251	54,007	13	31	17,459	52	2	335	1,010	648	1,196	2,207
Administrative Section																		
Commissioner of Health.....	3	104	1,335	1,463	6,416	7	364	15,000				6		75	500	75	400	400
Visit, Commissioner of Health.....		6	73					2									46	357
Vital Statistics.....	2	9	140	600	11,000	15	2	930									85	265
Health Information.....	4	9	160	913	283,262	17	36	182	6		5,900	1					60	137
Baltimore Health News.....				162	131,886													
Rack distribution.....					105,554													
Rack broadcasts.....				42	117							7						
Miscellaneous.....	1			709	45,705													
Laboratories.....	1	3	39	442	1,442		12	736	1		875			5	11	5	37	17
Eastern Health District.....	1	1		1,627	1,527	2	10	67				1		94	11	141	52	88
Western Health District.....		1	12	2,638	2,807		6	2						10	31	20	41	89
Southeastern Health District.....	5	5	76	4,237	6,397	1	133	2	2,785				1	14	40	43	37	53
Druid Health Center.....	3	41	1,382	14,112			3	1	126	2	2,674			14	40		2	19
Medical Section																		
Communicable Diseases.....	1	40	352	604	68,669	5	11	12	833			17		29	66	29	8	29
Sydenham Hospital.....		6	91			1	9	50	952					29			8	41
Tuberculosis.....		7	85	1,188	1,213	2	8	2	825	4	600	3					50	101
Veneral Diseases.....	4	4	42	18,916	21,969	2	10		505	10	2,250	2		1			121	47
Occupational Diseases.....	2	3	39	2,442	6,164	5	49	11	928	1	600	5		1	19	1	31	61
Child Hygiene.....	1	1	72	10,000	37,700	2	5	10	170			4					10	150
School Hygiene.....		1	5			1		1	14								12	2
Dental Clinics.....		1	16	50	300		7	204				1					23	3
Public Health Nursing.....		3	42	13,697	18,998		500	25,025						63	134	288	49	138
Sanitary Section																		
Director.....	4	21	349	724	1,037	3	9	14	458			2	1	7	26	8	51	140
Milk Control.....		33	394	140	427	1	27	11	719	9	800						17	21
Food Control.....		3	66	15,640	22,901	2	40	10	1,373	1	2,100	3		8	73	10	28	10
Meat Inspection.....		5				1	1	2	38					1	4	1	12	11
Environmental Hygiene.....		4	33	8,139	9,080		5	3	202	2	1,660			24	95	27	16	31

TABLE NO. 2
 RADIO DRAMAS BROADCAST UNDER THE JOINT AUSPICES OF THE BALTIMORE
 CITY HEALTH DEPARTMENT AND THE MEDICAL AND CHIRURGICAL FACULTY
 OF MARYLAND, 1941

"KEEPING WELL" SERIES

DATE	TITLE	SUBJECT
January 4	The Great Wall of Pine Street	Rats
11	Sweet Tooth	Diabetes
18	Too Tired to Wash the Dishes	Tuberculosis
25	The Camp Follower	Meningitis
February 1	Let There Be Light	Syphilis
8	Dicing with Death	Whooping Cough
15	This Little Pig	Trichinosis
22	The Haunted Lathe	Mental Hygiene in Industry
March 1	Killer in the Kitchen	Fluorides
8	The Ninth Plague	Illumination
15	Every Woman	Cancer
22	The Magic Box	Family Medicine Chest
29	In Line of Duty	Ashley—ben Adhem
April 5	All is Vanity	Easter
12	The Epicure	Food Poisoning
19	Fit to Bite	Dental Hygiene
26	The Sacrifice	Diphtheria
May 3	The Prisoner	Birth Certificates
10	Doctor Ashley—G-Man	Communicable Diseases
17	The Tank	Industrial Hygiene
24	Life of the Party	Automobile Accidents
31	The Curious Death of Mr. Brown	Medical Examiner Case
June 7	A Day in the Country	Ticks
14	Wild Flowers	Poison Ivy
21	High Dive	Drowning
28	Land of the Free	Fireworks
July 5	The Athlete	Overdoing Vacation
12	STS	Serologic Tests for Syphilis
19	Dangerous Days	Summer Care of Babies
26	Enemy in Armor	Influenza Meningitis
August 2	Pure as Poison	Undulant Fever
9	This White Hand	Adult Dysentery
16	Home Defense	Smallpox Vaccination
23	Chinese Gesture	Child Health Examination
30	Rich Man—Poor Man	Tuberculosis
September 6	The Eleventh Hour	Fatigue in Industry
13	The Wrecker	Common Cold
20	Red Warning	Scarlet Fever
27	Death at Midnight	Carbon Monoxide
October 4	The Black River	Mental Hygiene
11	Tragic Trilogy	Home Accidents
18	Daddy Played the Ponies	Whooping Cough
25	The Thug	Diphtheria
November 1	Mammy Song	Child Care in Winter
8	Red School House—1941	Eastern Health District School Hygiene Program
15	Grim Masquerade	Tularemia
22	Solo Flight	Tuberculosis Seal Sale
29	Deadly Lodgings	Meningitis
December 6	Mr. Robertson's Fog	Lighting in Factories
13	Who Killed Cock Robin?	Christmas Toys—Suitable Gifts
20	Sick Bay	Measles
27	Made to Be Broken	New Year's Resolutions

BUREAU OF LABORATORIES



BUREAU OF LABORATORIES

C. Leroy Ewing

Director

STS (Serologic Tests for Syphilis)

For a quarter of a century the Bureau of Laboratories has been making serologic tests for syphilis, now referred to as STS. During this period the volume of work increased from 514 specimens in 1916 to the all-time high number of 106,215 in 1941. The large amount of work done in 1941 was chiefly the result of testing specimens of registrants under the Selective Service Act and of employees of industrial plants. These two sources were responsible for over 50,000 of the specimens submitted to the Bureau of Laboratories. Out of the total of 106,215 specimens, 30,586 or 28.8 per cent were from Selective Service registrants and represented 27,675 individuals of which 1,931 or 6.97 per cent had at least one positive STS. In separating the group into white and nonwhite, it was found that 1.7 per cent of the white group and 24 per cent of the nonwhite had at least one positive STS. In addition to these sources, specimens were also submitted by practising physicians and from the venereal disease clinics.

The table which follows shows the number and sources of specimens for STS for 1941 and six previous years. The 106,215 specimens in 1941 were all blood except approximately 500 that were spinal fluid.

SPECIMENS TESTED FOR SYPHILIS

YEAR	DIFFERENT PHYSICIANS SUBMITTING SPECIMENS	TOTAL SPECIMENS	SOURCE OF SPECIMENS			PER CENT OF SPECIMENS SUBMITTED		
			Physicians	Clinics	Other Agencies	Physicians	Clinics	Other Agencies
1941	650	106,215	27,563	14,551	64,137	25.9	13.7	60.4
1940	615	63,687	21,184	13,669	28,834	33.3	21.5	45.2
1939	595	55,514	18,961	13,145	23,408	34.2	23.7	42.1
1938	544	50,319	17,232	12,596	20,491	34.2	24.8	41.0
1937	541	39,801	15,570	10,056	14,175	39.1	25.2	35.7
1936	495	32,049	12,543	9,327	10,179	39.1	29.1	31.8
1935	484	30,267	10,005	8,958	11,304	33.1	29.6	37.3

The service which covers the testing of specimens from Selective Service registrants was begun in November, 1940 in cooperation with the Maryland State Department of Health. At that time the Commissioner of Health of Baltimore agreed to assist the Director of the Maryland State Department of Health in this work and the City Health Department laboratories tested specimens from all selectees who were residents of

Baltimore City. The following tabulation presents a record of the STS made on individual registrants in the period from November, 1940 through December, 1941.

RECORD OF STS MADE ON INDIVIDUAL REGISTRANTS

	NUMBER TESTED			NUMBER POSITIVE			PER CENT POSITIVE		
	Total	White	Negro	Total	White	Negro	Total	White	Negro
Nov. 1940 through Dec. 1941..	29,503	22,600	6,963	2,060	363	1,487	6.9	1.6	21.3
1940									
November.....	410	310	100	21	4	17	5.4	1.3	17.0
December.....	1,508	1,173	335	108	14	94	7.2	1.2	28.6
1941									
January.....	2,313	1,844	469	200	47	153	8.6	2.5	32.6
February.....	2,125	1,631	494	171	28	143	8.0	1.7	28.9
March.....	2,609	1,972	637	253	38	215	9.7	2.0	34.0
April.....	3,136	2,780	356	149	60	89	4.8	2.0	25.0
May.....	3,972	3,570	402	179	65	114	4.5	1.8	28.4
June.....	3,473	2,886	587	233	55	178	6.7	1.9	30.3
July.....	2,453	1,538	915	212	15	197	8.6	1.0	21.5
August.....	2,023	1,412	611	120	9	111	5.9	0.6	18.0
September.....	2,187	1,469	718	148	19	129	6.8	1.3	18.0
October.....	1,551	1,009	542	96	6	90	6.0	0.6	16.6
November.....	789	379	410	80	4	76	10.1	1.1	18.5
December.....	1,044	627	417	90	9	81	8.6	1.4	19.4

Diagnostic and Other Services

Other diagnostic services included examinations of specimens and cultures for diphtheria, pneumonia, tuberculosis, typhoid fever and other communicable diseases. There was an increase of 109 per cent over 1940 in the number of specimens of sputum examined in the laboratories. A total of 9,902 specimens of sputum was submitted in 1941 of which 212 were tested and typed for pneumococci. All of the 9,902 sputum specimens were examined for the presence of tubercle bacilli.

Total Examinations

There was a total of 223,861 examinations of 131,324 specimens made in connection with all diagnostic services. In addition, 29,208 bacteriologic and 18,539 chemical examinations were made of 17,588 samples of milk and food products, and industrial or other materials. The sum total of all laboratory work done in 1941 was 271,608 examinations made of 148,912 specimens, cultures and samples, and showed increases of 23.2 per cent in examinations and 48.7 per cent in materials as compared with 1940 and established new records in volume of work performed.

Examinations for Coliform Bacteria

There were 2,402 samples of bottled pasteurized milk, chocolate milk and cream examined for the presence of bacteria of the coliform group. Table No. 8 shows that approximately 47 per cent of the samples tested for

coliform bacteria contained these organisms which is an increase of approximately 6 per cent in the incidence of such bacteria in pasteurized products in comparison with 1940. The results of a study conducted in 1939 demonstrated that the presence of coliform organisms in properly pasteurized dairy products is a result of post-pasteurization contamination in the dairy plant and that this condition can be prevented by more thorough cleansing and chlorination of equipment. In spite of this there has been no reduction in the incidence of coliform bacteria in pasteurized products during the intervening years.

New Services

Microanalytical methods as developed by the U. S. Food and Drug Administration for the determination of filth in food were adopted. As a result the Bureau of Food Control was assisted in an extensive campaign conducted to determine the extent to which food was contaminated with filth. Special attention was devoted to food manufacturing establishments and especially to those engaged in the manufacture of candy. Almost 60 per cent of the more than 300 samples of this substance examined contained evidence of rodent excreta or insect contamination.

Special agglutinating sera for the diagnosis of Weil's disease were placed on the market for the first time in 1941 by a biologic supply house. To aid physicians in their diagnosis of this disease sixteen specimens of blood were tested for agglutinins and of these, 14 were negative, 1 positive and 1 doubtful. In some instances, portions of serum were sent to the National Institute of Health and the Johns Hopkins School of Hygiene and Public Health for check tests and the results in practically all cases agreed.

Biologic Products

The bureau aided over 600 physicians in the prevention or treatment of communicable diseases by supplying them with antitoxins, vaccines and sera. A total of 18,475 packages of such products was distributed to physicians, hospitals and other institutions which was 3,023 packages or 14.1 per cent less than the number distributed in 1940.

On January 10 the bureau discontinued the distribution of all types of pertussis vaccine. This was done because of the lack of adequate evidence to prove that this product was of sufficient value in the control of whooping cough to warrant the costs.

Pneumonia Serum

As a result of the increased use of the sulfa drugs the amount of pneumonia serum furnished hospitals for use in the treatment of medically indigent patients was approximately one-half of that distributed in 1940. The 18,050,000 units supplied in 1941 were used for treating 75 cases of

pneumonia at a cost of approximately \$4,500.00 compared with 34,390,000 units of serum used in 1940 for treating 116 cases at a cost of \$7,661.00.

Type B Influenza Bacillus Serum

Type B influenza bacillus serum from rabbits was made available to Sydenham and other hospitals for the treatment of cases of influenza bacillus meningitis. In the period from February through December, 61 packages or 305 c.c. of this material were distributed for treating two medically indigent patients at Sydenham Hospital and 6 such patients at the Harriet Lane Dispensary. The total cost of the serum was \$1,342.00. It was the opinion of Dr. Horace L. Hodes, Director of Medical Research at Sydenham Hospital, that the use of this serum, supplemented with the sulfa drugs, decreased the mortality rate in influenza bacillus meningitis from over 90 per cent to less than 50 per cent. The 2 cases at Sydenham recovered completely. Of the 6 cases treated at Harriet Lane 2 recovered.

Chemistry

The chemical laboratory also participated in activities associated with the war program. An increase of more than 20 per cent was noted in the number of samples of air, dust, detergents, body fluids and other materials examined for the Bureau of Occupational Diseases and the Division of Industrial Hygiene. Determinations were made for the following industrial poisons: Lead, arsenic, zinc, selenium, manganese, chromium, free silica, benzol, toluol, formaldehyde, phenol, cyanide and free caustic.

Blood Examinations for Lead Poisoning

Improvements in the services for the diagnosis of lead poisoning were made in 1941. A special sterilized lead-free Petroff needle was provided in the containers used in the collection of blood specimens and a new report form was also made available. The following tabulation shows the marked

BLOOD EXAMINATIONS FOR LEAD

YEAR	NUMBER OF SPECIMENS EXAMINED	PERSONS INVOLVED		SOURCE OF SPECIMENS	
		Adults	Children	Number of Hospitals	Number of Private Physicians
Total.....	1,449	695	361	..	..
1941	353	201	78	16	55
1940	296	152	61	12	41
1939	280	112	68	13	28
1938	191	80	60	14	23
1937	173	88	43	14	22
1936	121	51	32	14	7
1935*	35	11	19	5	1

* For five months only.

growth of the blood-lead determination service which was set up in 1935 and also presents a picture of how the service was utilized.

Special Investigations

An investigation of the factors that might produce the so-called false positive phosphatase test was begun in the latter part of 1941 as a joint study of the divisions of bacteriology and chemistry. By means of a laboratory repasteurizing control procedure it was possible to separate true and false positive tests on samples of pasteurized products from certain milk plants. The study led to the isolation of a thermophilic spore-bearing bacillus from pasteurized milk obtained from the plants involved. Plans were made to pursue the study in an attempt to establish the effect of the organism isolated on the production of phosphatase, the nature of the organism, and the relation of the organism to milk standardization. It is planned to continue the investigation in 1942.

Bacteriologic studies of concentration and culture methods for *Mycobacterium tuberculosis*, which were begun in 1940, were concluded in 1941. The concentration methods of Kenyon, of Steenken, and of Hanks and Feldman and the culture methods of Lowenstein, of Petragnani and of Steenken were studied. From the results it was concluded that the Kenyon concentration method, which has been used in the bureau for many years, is very satisfactory although the method of Hanks and Feldman is equally as good. It was also found that the institution of a combined concentration and culturing method in the bureau at the present time is not warranted because: additional personnel would be required; the cost of materials would be approximately \$1,000.00 per year; and the additional 4 per cent positive results obtained by the culture method over the concentration procedure is not significant when a sufficient number of repeat sputum specimens are submitted for the Kenyon concentration examination, as is becoming customary.

Other special studies included the following: The effect of the design of a "cream top" milk bottle on its cleaning and sterilization, structural weakness in paraffin-paper milk containers, the Kulberg method for the detection of neutralizers in milk and cream, the tyrosine test for the decomposition of protein foods, the arsenic content of the hair of workmen industrially exposed to arsenic, the quantitative detection of selenium in air, dust and urine, and the use of the resazurin test as a quick method of detecting high bacterial count milk.

Personnel

C. Leroy Ewing, Director
Theodore C. Buck, Jr., Assistant Director
Emanuel Kaplan, Sc.D., Chief of the Division of Chemistry
Harry L. Carman, Principal Clerk

Laura B. Grim, Senior Clerk
Gertrude C. Lipp, Senior Stenographer
Sophie Scheerer, Senior Stenographer
Harriett H. McCawley, Clerk-Stenographer
Thelma Lee, Junior Stenographer
John J. Dunn, Senior Bacteriologist
Guy C. Albaugh, Senior Bacteriologist
Katharine E. Welsh, Senior Bacteriologist
Anna V. Burkhard, Senior Bacteriologist
Harriet Storm, Senior Bacteriologist
Gertrude A. Huebschmann, Senior Bacteriologist
John F. Bees, Junior Bacteriologist
Henry O. Schulze, Junior Bacteriologist
Elinor London, Junior Bacteriologist
Ruth E. Evans, Junior Bacteriologist
Mildred H. Fleischman, Junior Chemist
M. J. Doonan, Laboratory Assistant
Melissa H. Pyle, Laboratory Assistant
Margaret K. West, Laboratory Assistant
Beatrice Crook, Laboratory Assistant
Mary L. Quinlin, Laboratory Assistant
Carl L. Burke, Chauffeur
Thomas H. Hale, Laborer
Isaac P. Hornstein, Laborer
William J. Jones, Laborer
Louis Svatora, Laborer

TABLE NO. 1
SPECIMENS SUBMITTED AND THE NUMBER OF LABORATORY PROCEDURES
PERFORMED FOR EACH TYPE OF SPECIMEN

TYPE OF SPECIMEN	NUMBER OF SPECIMENS	NUMBER OF PROCEDURES
Total.....	131,324	223,861
Animal heads.....	43	..
Animal inoculations.....	..	40
Microscopic tests.....	..	43
Bile.....	18	..
Culture tests.....	..	79
Blood.....	107,200	..
Agglutination tests.....	..	7,628
Culture tests.....	..	4,297
Microscopic tests.....	..	89
Serologic tests.....	..	167,490
Direct cultures.....	3,049	..
Agglutination tests.....	..	198
Animal inoculations.....	..	322
Culture tests.....	..	2,173
Microscopic tests.....	..	6,172
Feces.....	2,830	..
Culture tests.....	..	10,278
Microscopic tests.....	..	422
Fluid (chest, knee, etc.).....	103	..
Animal inoculations.....	..	1
Culture tests.....	..	103
Microscopic tests.....	..	183
Helminths.....	24	..
Microscopic tests.....	..	27
Pus.....	7,546	..
Animal inoculations.....	..	3
Culture tests.....	..	24
Microscopic tests.....	..	7,564
Serum.....	79	..
Microscopic tests.....	..	257
Spinal fluid.....	449	..
Agglutination tests.....	..	..
Animal inoculations.....	..	5
Culture tests.....	..	15
Microscopic tests.....	..	36
Serologic tests.....	..	1,924
Sputum.....	9,908	..
Animal inoculations.....	..	22
Culture tests.....	..	553
Microscopic tests.....	..	13,556
Urine.....	66	..
Animal inoculations.....	..	8
Culture tests.....	..	212
Microscopic tests.....	..	98

TABLE NO. 2
EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY RESULT AND TYPE OF
EXAMINATION

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATIS- FACTORY
Total	203,380	65,654	122,470	14,505	751
DIPHTHERIA					
Total examinations	3,026	611	2,400	..	15
Animal inoculation					
Virulence test	322	168	154	..	..
Microscopic					
Diagnostic	905	104	796	..	5
Initial	2	..	2	..	..
Institution	682	141	540	..	1
Release	1,114	198	907	..	9
School	1	..	1	..	..
DYSENTERY, amebic					
Total examinations	207	..	207	..	..
Microscopic					
Feces	207	..	207	..	..
ENTERIC INFECTIONS					
Total examinations	8,422	478	7,620	302	22
Agglutination					
Blood, H antigen	3,115	216	2,685	208	6
Blood, O antigen	1,261	83	1,084	94	..
Culture					
Bile	4	3	1	..	..
Blood	8	..	8	..	..
Blood clots	1,162	14	1,148	..	..
Duodenal content	10	..	10	..	..
Feces	2,834	160	2,658	..	16
Urine	28	2	26	..	..
GONOCOCCUS INFECTIONS					
Total examinations	7,493	2,352	3,806	1,328	7
Culture					
Exudates	24	..	24	..	..
Microscopic					
Exudates	7,469	2,352	3,782	1,328	7
INTESTINAL PARASITES					
Total examinations	224	10	214	..	..
Microscopic					
Feces	224	10	214	..	..
MALARIA					
Total examinations	19	3	16	..	..
Microscopic					
Blood smears	19	3	16	..	..
METALLIC POISONING					
Total examinations	380	178	117	62	23
Biochemic					
Arsenic					
Hair	16	13	3	..	..
Nails	1	..	1	..	..
Sediment	1	1	..	..	..

TABLE NO. 2—Continued
EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY RESULT AND TYPE OF
EXAMINATION

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATIS- FACTORY
METALLIC POISONING—(Cont.)					
Lead					
Blood.....	342	150	108	62	22
Paint.....	2	1	1	..	..
Urine.....	18	13	4	..	1
PNEUMONIA					
Total examinations.....	227	108	119	..	..
Typing					
Blood cultures.....	7	..	7	..	..
Spinal fluid.....	1	..	1	..	..
Sputum.....	211	104	107	..	..
Swabs.....	8	4	4	..	..
RABIES					
Total examinations.....	80	..	80	..	..
Animal inoculation					
Brain emulsions.....	43	..	43	..	..
Microscopic					
Animal brains.....	37	..	37	..	..
STREPTOCOCCUS INFECTIONS					
Total examinations.....	355	164	190	..	1
Culture					
Blood.....	39	4	35	..	..
Exudates.....	4	4	..	..	..
Sputum.....	90	90	..	..	..
Swabs.....	171	40	131	..	..
Precipitin					
Cultures.....	51	20	24	..	1
SYPHILIS					
Total examinations.....	169,493	59,493	96,747	12,607	846
Biochemic					
Globulin.....	442	79	362	1	..
Gum mastic.....	442	47	375	11	9
Microscopic					
Dark field.....	79	22	54	..	3
Precipitin					
Kline exclusion					
Blood.....	105,788	23,652	75,534	6,180	422
Spinal fluid.....	442	136	293	13	..
Kline diagnostic					
Blood.....	30,851	17,025	10,165	3,661	..
Spinal fluid.....	442	92	316	33	1
Eagle flocculation					
Blood.....	30,851	18,350	9,598	2,704	199
Kahn diagnostic					
Spinal fluid.....	156	90	50	4	12
TUBERCULOSIS					
Total examinations.....	9,986	2,057	7,734	159	36
Animal inoculation					
Exudates.....	62	7	55	..	..
Microscopic					
Cultures.....	3	..	3	..	..
Exudates.....	55	13	41	..	1
Sputum.....	9,866	2,037	7,635	159	35

TABLE NO. 2—Continued
EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY RESULT AND TYPE OF
EXAMINATION

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATIS- FACTORY
TULAREMIA					
Total examinations.....	597	5	589	3	..
Agglutination					
Blood.....	597	5	589	3	..
TYPHUS GROUP					
Total examinations.....	1,567	15	1,530	22	..
Agglutination					
Blood					
Proteus X ₂ O antigen.....	782	9	759	14	..
Proteus X ₁₆ O antigen.....	785	6	771	8	..
UNDULANT FEVER					
Total examinations.....	980	11	968	1	..
Agglutination					
Blood.....	980	11	968	1	..
VINCENT'S ANGINA					
Total examinations.....	33	16	17	..	..
Microscopic					
Exudates.....	33	16	17	..	..
WHOOPING COUGH					
Total examinations.....	14	..	14	..	..
Culture					
Cough plates.....	14	..	14	..	..
OTHER EXAMINATIONS					
Total.....	277	153	102	21	1
Culture.....	168	134	34	..	..
Biochemic					
Blood (carbon monoxide).....	1	1	..	..	..
Feces (occult blood).....	6	3	3	..	..
Sputum (zinc).....	1	1	..	..	..
Urine (sugar).....	8	5	3	..	..
Microscopic.....	29	1	28	..	..
Serologic.....	64	8	34	21	1

TABLE NO. 3
CLASSIFICATION OF AGGLUTINATION AND BACTERIOLOGIC TESTS FOR ENTERIC
ORGANISMS

AGGLUTINATION TESTS					
Organisms	Total	Positive	Negative	Doubtful	Unsatisfactory
Total agglutination.....	4,376	299	3,769	302	6
<i>Eberthella typhosa</i> *.....	2,163	230	1,734	193	6
<i>Salmonella choleraesuis</i>	36	..	36	..	..
<i>Salmonella paratyphi</i>	940	27	852	61	..
<i>Salmonella schottmuelleri</i>	941	36	866	39	..
<i>S. paratyphi</i> and <i>schottmuelleri</i>	98	6	85	7	..
<i>Salmonella typhimurium</i>	17	..	17	..	..
<i>Shigella dysenteriae</i> , polyvalent.....	181	..	179	2	..
BACTERIOLOGIC TESTS					
Total.....	4,046				
Positive results.....	179				
<i>Eberthella typhosa</i>	98				
Atypical salmonella.....	1				
<i>Salmonella choleraesuis</i>	1				
<i>Salmonella enteritidis</i>	2				
<i>Salmonella</i> sp. (Newport type).....	3				
<i>Salmonella schottmuelleri</i>	1				
<i>Salmonella typhimurium</i>	8				
Unidentified salmonella (aertrycke group).....	1				
Unidentified salmonella (enteritidis group).....	1				
<i>Shigella alkalescens</i>	7				
<i>Shigella gallinarum</i>	7				
<i>Shigella paradysenteriae</i>	19				
<i>Shigella sonnei</i>	30				
Negative results.....	3,851				
Unsatisfactory results.....	16				

* Nomenclature adopted from *Bergey's Manual of Determinative Bacteriology*, Fifth Edition, 1939.

TABLE NO. 4
BIOLOGIC PRODUCTS DISTRIBUTED TO PHYSICIANS, HOSPITALS AND INSTITUTIONS

PRODUCT	NUMBER OF PACKAGES	BASIC CONTENT	TOTAL AMOUNT
Total.....	18,475		
Diphtheria products			
Alum-precipitated toxoid.....	2,893	Cubic centimeter	24,538 c.c.
Antitoxin.....	285	Unit	4,453,000 units
Toxin-antitoxin.....	1	Cubic centimeter	3 c.c.
Toxin for Schick test.....	308	Test	308 tests
Toxin for Schick test control.....	308	Test	308 tests
Horse serum for conjunctival test.....	175	Test	1,400 tests
Immune globulin for measles.....	378	Cubic centimeter	1,188 c.c.
Influenza serum, anti H, type B.....	109	Cubic centimeter	545 c.c.
Meningitis serum.....	14	Cubic centimeter	210 c.c.
Pertussis vaccine.....	221	Cubic centimeter	2,553 c.c.
Pneumococcus curative serum.....	883	Unit	18,050,000 units
Rocky Mountain spotted fever vaccine.....	39	Cubic centimeter	195 c.c.
Scarlet fever products			
Antitoxin.....	77	Unit	656,000 units
Antitoxin for Schultz-Charlton test.....	3	Test	3 tests
Toxin for Dick test.....	41	Test	1,785 tests
Toxin for prophylaxis.....	10	Skin test dose	8,095,600 s.t.d.
Silver nitrate solution, one per cent.....	281	Ampule	5,108 ampules
Smallpox vaccine.....	5,787	Point	27,059 points
Tetanus antitoxin.....	5,907	Unit	9,415,500 units
Tuberculin for von Pirquet test.....	48	Test	104 tests
Typhoid vaccine.....	661	Cubic centimeter	8,219 c.c.
Typhoid-paratyphoid vaccine.....	46	Cubic centimeter	484 c.c.

TABLE NO. 5
SUPPLY MATERIALS AND OUTFITS PREPARED AND DISTRIBUTED

Glassware and material cleaned (units).....	1,052,822
Sterilized.....	817,302
Bottles.....	75,197
Petri dishes.....	105,474
Pipettes.....	351,312
Tubes.....	274,470
Miscellaneous.....	10,849
Media prepared	
Liters.....	3,263.6
Bottles.....	16,957
Petri dishes.....	28,671
Tubes.....	96,950
Outfits	
Prepared.....	137,565
Distributed.....	135,143
Culture stations.....	2,265
Laboratory.....	132,878
Stains prepared	
Liters.....	66
Water distilled (gallons).....	2,229

TABLE NO. 6
FOOD AND OTHER SAMPLES SUBMITTED FOR BACTERIOLOGIC ANALYSIS
AND EXAMINATIONS PERFORMED

TYPE OF SAMPLE	NUMBER OF SAMPLES	NUMBER OF PROCEDURES
Total.....	13,535	29,208
Cream, pasteurized (plant, store or truck) bottled and bulk.....	651	..
Direct plating.....	..	1,450
Direct microscopic test.....	..	639
Coliform test.....	..	513
Empty articles for sterility (bottles, caps, dippers, spoons).....	3,342	..
Direct plating.....	..	3,305
Food products		
Custard-filled bakery products.....	30	..
Direct plating.....	..	12
Direct microscopic test.....	..	12
Coliform test.....	..	10
Food poisoning.....	22	..
Direct plating.....	..	37
Coliform test.....	..	20
Special tests.....	..	61
Miscellaneous foods.....	48	..
Direct plating.....	..	69
Coliform test.....	..	26
Special tests.....	..	33
Oysters.....	64	..
Direct plating.....	..	70
Coliform test.....	..	126
Special tests.....	..	29
Ice cream.....	750	..
Direct plating.....	..	750
Coliform test.....	..	22
Milk, pasteurized (plant, store or truck) bottled and bulk.....	1,302	..
Direct plating.....	..	2,458
Direct microscopic test.....	..	1,181
Coliform test.....	..	1,223
Special tests.....	..	105
Milk, chocolate pasteurized and ingredients.....	928	..
Direct plating.....	..	1,924
Direct microscopic test.....	..	57
Coliform test.....	..	871
Milk, raw (batch, certified, selected, shippers').....	1,317	..
Direct plating.....	..	3,750
Direct microscopic test.....	..	1,312
Coliform test.....	..	85
Miscellaneous samples.....	29	..
Direct plating.....	..	34
Direct microscopic test.....	..	12
Special tests.....	..	15
Swabbings from utensils and equipment.....	2,363	..
Direct plating.....	..	2,342
Coliform test.....	..	185
Special tests.....	..	74
Water.....	2,689	..
Direct plating.....	..	2,689
Coliform test.....	..	2,689
Special tests.....	..	928

TABLE NO. 7
SAMPLES SUBMITTED FOR CHEMICAL ANALYSIS AND THE NUMBER OF
LABORATORY
PROCEDURES PERFORMED FOR EACH TYPE OF SAMPLE

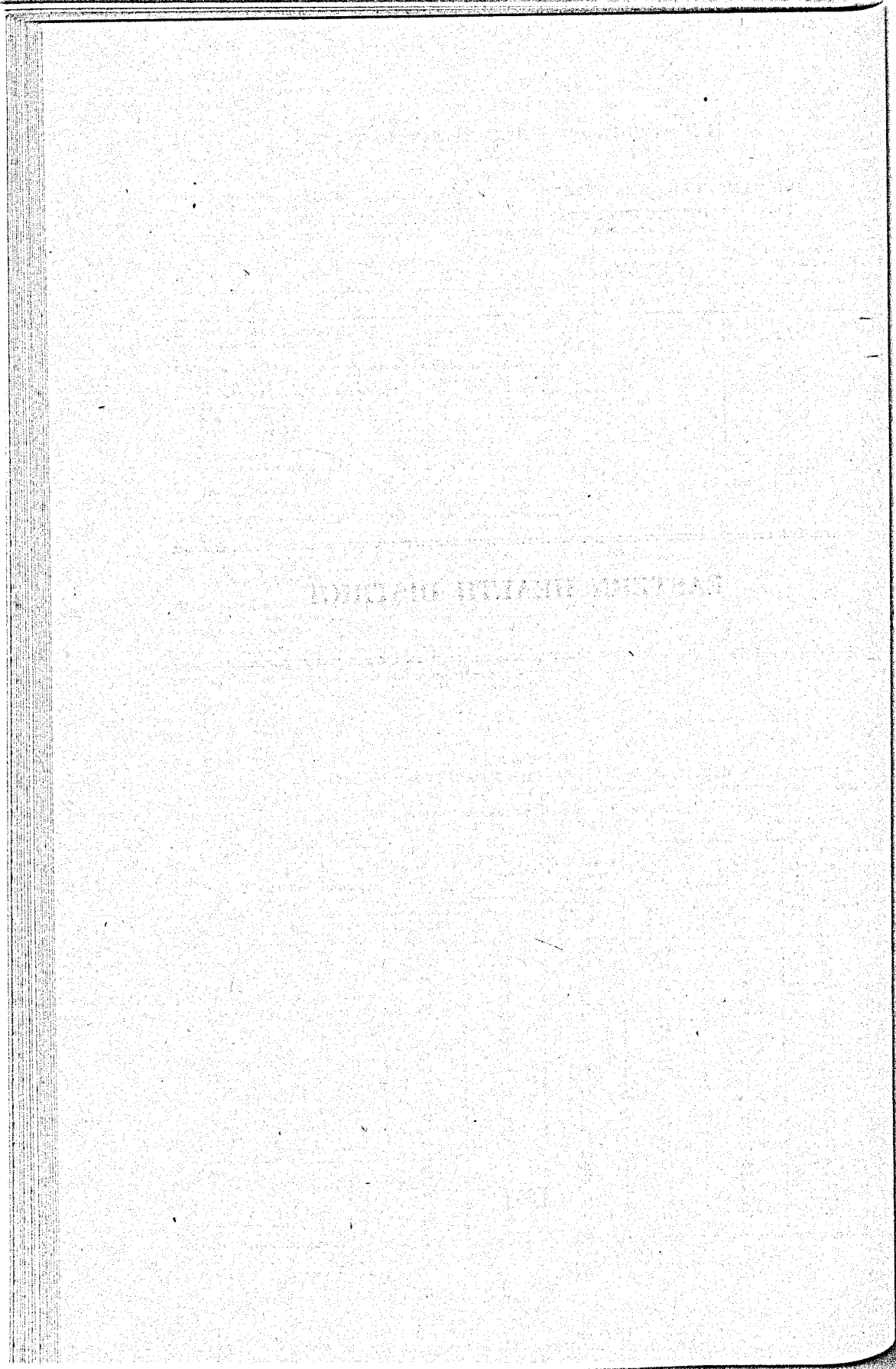
TYPE OF SAMPLE	NUMBER OF SAMPLES	NUMBER OF PROCEDURES
Total.....	6,826*	18,539
Body fluids and excreta.....	515	
Biochemic tests.....	..	2,713
Dairy products (milk, cream, chocolate milk, ice cream).....	4,847	
Butter fat test.....	..	4,461
Refractive index (added water).....	..	666
Phosphatase test.....	..	3,705
Sediment test.....	..	1,059
Unclassified tests.....	..	835
Food products.....	466	
Adulteration tests.....	..	1,205
Decomposition tests.....	..	272
Unclassified tests.....	..	497
Miscellaneous samples (organic solvents, dusts, sterilizing solutions, etc.).....	301	
Unclassified tests.....	..	2,172
Solutions and outfits.....	197	
Unclassified tests.....	..	352
Water samples.....	500	
pH.....	..	326
Sanitary analysis.....	..	276

* Of this number, 4,053 samples were submitted for chemical analysis only; the remaining 2,773 samples were submitted for bacteriologic and chemical analysis.

TABLE NO. 8
COLIFORM BACTERIA IN MILK AND MILK PRODUCTS

DAIRY	TOTAL		BOTTLED PASTEURIZED MILK		BOTTLED PASTEURIZED CHOCOLATE MILK		BOTTLED PASTEURIZED CREAM	
	No. of Samples	Per Cent Positive	Number of Samples Examined	Per Cent Containing Coliform Bacteria	Number of Samples Examined	Per Cent Containing Coliform Bacteria	Number of Samples examined	Per Cent Containing Coliform Bacteria
Total.....	2,402	47	1,054	34	867	49	481	58
A.....			45	73	44	98	26	77
B.....			47	51	44	55	24	83
C.....			48	50	..	..	17	82
D.....			45	49	44	55	29	55
E.....			50	46	46	50	15	47
F.....			47	43	44	39	29	55
G.....			47	43	50	80	26	58
H.....			50	34	44	43	30	60
I.....			51	33	49	53	31	58
J.....			56	32	52	50	16	56
K.....			48	31	..	..	13	31
L (eleven months only).....			46	30	40	53	15	60
M.....			46	28	47	49	26	65
N.....			44	25	47	47	27	44
O.....			48	25	47	53	14	36
P.....			57	25	45	27	28	43
Q.....			45	24	44	25	29	72
R.....			46	24	45	44	24	30
S.....			47	19	47	53	24	62
T.....			47	19	..	..	12	42
U.....			46	17	44	32	25	60
V.....			48	8	44	11	1	100

EASTERN HEALTH DISTRICT



EASTERN HEALTH DISTRICT

C. Howe Eller, M.D., Dr.P.H.

Health Officer

The most important new activity inaugurated during 1941 was the experimental school hygiene program in School No. 27, located at Fayette and Chester Streets. The principal objectives of this program are:

- (1) To refer as many of the pupils as possible to their family physicians for examination.
- (2) To give a thorough physical examination, with a parent present, to all newly entering children not already examined by their own physicians.
- (3) To reexamine only after joint recommendation of the teacher and school nurse.
- (4) To coordinate the interests of teachers, parents, private physicians and health department personnel on behalf of the health of the child of school age.

By the close of 1941 the program gave every appearance of working satisfactorily for all concerned because about one half of the number of children in the school program had been taken to private physicians and when the examinations were done by the school physician, the parents were present in almost every instance.

Detailed plans were made for the transfer of certain of the Babies Milk Fund Association activities in the Eastern Health District to the City Health Department as of January 1, 1942. About one third of the clinic and field services of this voluntary organization in the district, together with those of the Thomas Wilson Fund, were involved. It is probable that the transfers planned for the subsequent two years will also take place in the Eastern Health District.

During 1941 there were 2,442 cases of communicable diseases reported in the Eastern Health District as compared to 1,459 in 1940. This great increase was more than accounted for by the 1,037 cases of German measles and the 689 cases of measles. Very important also was the reduction in the number of cases of diphtheria from 9 in 1940 to 2 in 1941.

Toxoid was given to 2,005 children who resided in the Eastern Health District. This was an increase of 13 colored and 18 white over those inoculated in 1940. The increase in children under one year of age, however, was 78 and 93 for the white and colored respectively. Based on the number of births which occurred in the Eastern Health District in 1940,

81 per cent of the white children and 85 per cent of the colored children under one year of age were inoculated against diphtheria.

The total number of children vaccinated against smallpox decreased from 1,868 in 1940 to 1,797 in 1941. However, the number of children under one year of age who were vaccinated increased from 241 to 418, which indicates that progress has been made in the vaccinating at an early age.

In addition to the \$27,841.78 spent for Eastern Health District work from City appropriations, as mentioned on page 13, there was a sum of \$25,720.00 used in the Eastern Health District from the budget of the Johns Hopkins School of Hygiene and Public Health during the academic fiscal year September 1, 1941 to August 31, 1942. A like sum has been derived from this source each year since the Eastern Health District was established in September, 1932.

Personnel

C. Howe Eller, M.D., Dr. P. H., Health Officer, Full Time
Hugh P. Hughes, M.D., Health Officer
Lucille Liberles, M.D., Health Officer
Dorothy Shaw, Secretary
Lillian Novotny, Junior Stenographer
Olga Zawadsky, Junior Stenographer
Alice Raquet, Clerk
Virginia Monouydas, Statistical Clerk
John J. Phair, M.D., Dr. P. H., Bacteriologist
Charlotte Root, Laboratory Technician
Lilly Harman, Supervisor of Nursing
Aline LeMat, Assistant Supervisor of Nursing
Winifred Newberry, Assistant Supervisor of Nursing
Elizabeth Schweikert, Assistant Supervisor of Nursing
Charles Desmond, Janitor

Public Health Nurses

Katherine Brady	Lillian Kemp
C. M. Delcher	Margaret King
Bella Goncalves	Henrietta Lagna
Nell D. Gravatt	Mildred Lane
Teresa Griffin	Winifred E. Miller
Linda E. Hartung	Maude C. Suter
Ruby Jean Hays	Virginia R. Struve
Anita Keller	Berta H. Taylor

O. Ruth Thompson

TABLE NO. 1
RESIDENT BIRTHS, EASTERN HEALTH DISTRICT—1941

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORED
All Births.....	2,174	1,264	910
Hospital.....	1,698	1,041	657
Home.....	476	223	253
Out-patient delivery service.....	3	2	1
Private physician.....	379	208	173
Midwife.....	94	15	79

TABLE NO. 2
RESIDENT DEATHS ACCORDING TO MAJOR GROUPS OF CAUSES AND COLOR
EASTERN HEALTH DISTRICT—1941

CAUSE OF DEATH	TOTAL	WHITE	COLORED
All Causes.....	1,515	938	577
I. Infectious and parasitic diseases (exclusive of tuberculosis and syphilis).....	30	10	20
Tuberculosis (all forms).....	136	49	87
Syphilis.....	37	10	27
II. Cancers and other tumors.....	149	114	35
III. Rheumatism, diseases of nutrition and of the endocrine glands, other general diseases and avitaminoses....	69	52	17
IV. Diseases of the blood and blood-forming organs.....	7	3	4
V. Chronic poisoning and intoxication.....	..	..	..
VI. Diseases of the nervous system and sense organs.....	91	55	36
VII. Diseases of the circulatory system.....	421	332	89
VIII. Diseases of the respiratory system.....	113	42	71
IX. Diseases of the digestive system.....	91	53	38
X. Diseases of the genito-urinary system.....	176	108	68
XI. Diseases of pregnancy, childbirth and the puerperium..	8	2	6
XII. Diseases of the skin and cellular tissue.....	1	1	..
XIII. Diseases of the bones and organs of movement.....	2	..	2
XIV. Congenital malformations.....	14	12	2
XV. Diseases peculiar to the first year of life.....	42	13	29
XVI. Senility.....	..	..	..
XVII. Violent and accidental deaths.....	128	82	46

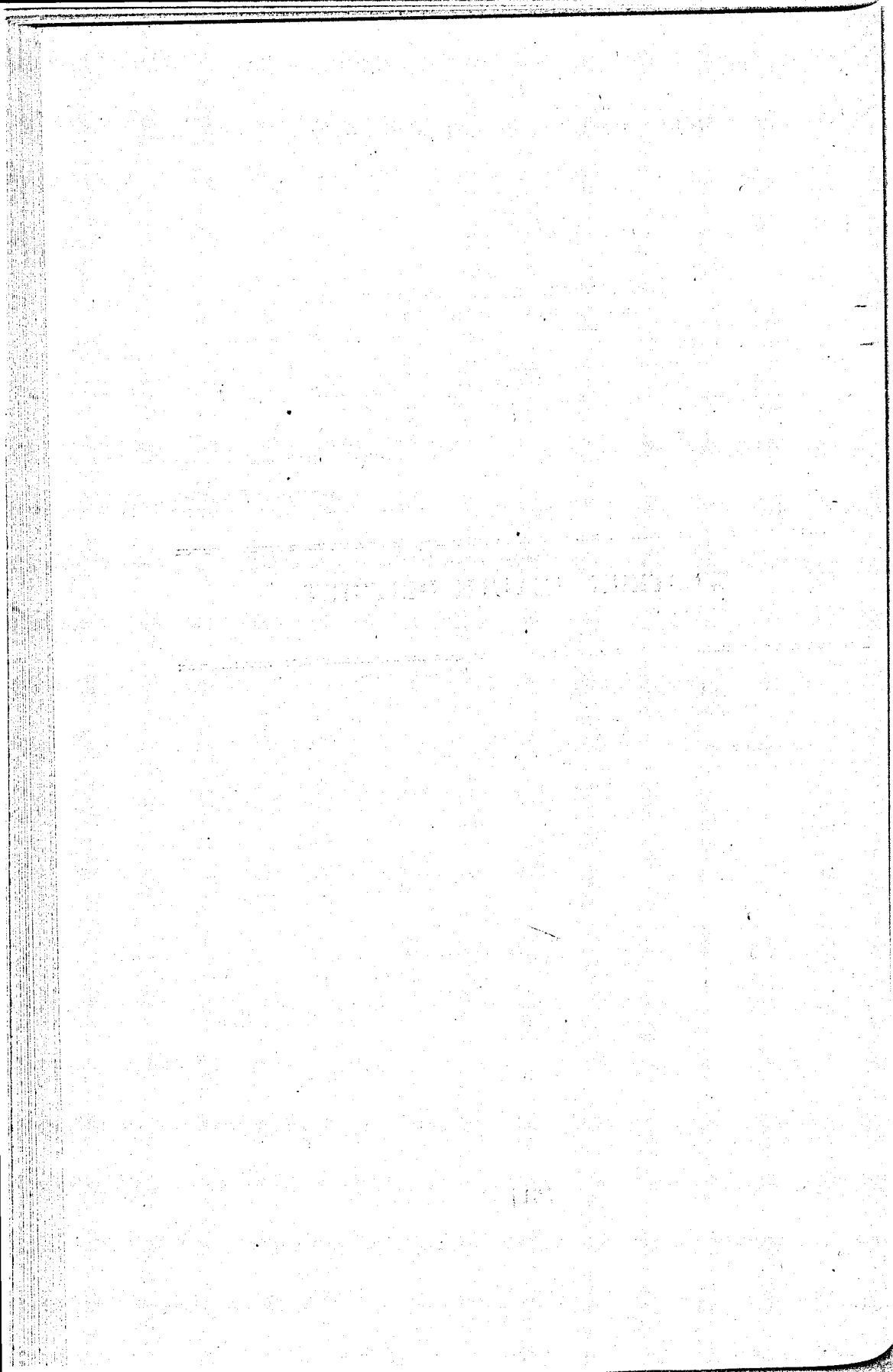
TABLE NO. 3
COMMUNICABLE DISEASES REPORTED IN THE
EASTERN HEALTH DISTRICT—1941

DISEASE	CASES
TOTAL.....	2,442
Chicken pox.....	213
Diphtheria.....	2
German measles.....	1,037
Measles.....	689
Meningococcus meningitis.....	7
Poliomyelitis.....	6
Scarlet fever.....	167
Whooping cough.....	321

TABLE NO. 4
DIPHTHERIA TOXOID AND SMALLPOX VACCINE ADMINISTERED TO
RESIDENTS OF THE EASTERN HEALTH DISTRICT—1941

AGE AT DATE OF INOCULATION OR VACCINATION	DIPHTHERIA INOCULATION			SMALLPOX VACCINATION		
	TOTAL	WHITE	COLORED	TOTAL	WHITE	COLORED
Total.....	2,005	1,097	908	1,797	909	888
Under 1 year.....	1,480	858	622	418	198	220
1.....	145	78	67	306	128	178
2.....	60	32	28	177	106	71
3.....	52	22	30	172	101	71
4.....	59	27	32	168	102	66
5.....	77	43	34	282	151	131
6.....	55	20	35	163	77	86
7.....	24	5	19	36	12	24
8.....	17	3	14	20	7	13
9.....	11	8	8	6	2	4
10 years and over.....	25	6	19	49	25	24

WESTERN HEALTH DISTRICT



WESTERN HEALTH DISTRICT

Alfred C. Moore, M.D.

Health Officer

Dr. Henry F. Buettner, who had served as Health Officer of the Western Health District since December 19, 1938, left for active service with the U. S. Army Medical Corps on February 1, 1941. Dr. Alfred C. Moore was assigned as Health Officer of the Western Health District as of February 3, 1941.

A total of thirty graduate and undergraduate nurses were given an eight weeks' affiliation in public health nursing. Three were graduate nurses and twenty-seven were undergraduate from the various schools of nursing as follows: Ten from the University of Maryland, ten from St. Agnes Hospital, two from Mercy Hospital and five from Provident Hospital. Under the direction of Miss Iva E. Schieswohl, teaching supervisor, many demonstrations and family studies were presented during the year. Public health educational activities were conducted for both the people in the district and for the staff of the district. Some of the educational activities were as follows: Field trips for medical students of the University of Maryland School of Medicine; lectures to lay groups on the program of the Health Department; distribution of Health Department pamphlets; and conferences and discussions conducted for the staff nurses of the district. One public health nurse took a collegiate course at Catholic University, in Washington, D. C.

Throughout the year special emphasis was placed upon diphtheria prevention and during November, 1941, a house-to-house diphtheria prevention canvass was conducted in a selected area of the district, because of the presence there of diphtheria and virulent carriers. As a result of this campaign, 748 children were inoculated and of this total 173 were under 5 years of age.

Four volunteer workers, Mrs. George W. Hemmeter, Mrs. Thomas C. Keys, Miss Florence Ryan, and Miss Margaret Schieswohl made over 57,912 sponges with material supplied by the district. These sponges were used in the clinics of the Western Health District and the Druid Health Center.

Druid Health Center

The Druid Health Center, a branch of the Western Health District, completed its second year of activity as an integral part of the Health

Department on October 30, 1941. Over 28,000 specimen containers were distributed to the physicians, hospitals and clinics in or around the area served by the Druid Health Center. There was an average of 1,500 tubes per month dispensed during the year for the collection of blood and the serological tests for syphilis. Over 4,000 c.c. of alum-precipitated toxoid; 3,000 points of smallpox vaccine and 600 vials of tetanus antitoxin were given out during 1941. Clinic attendance totaled 78,256 in 1941 as compared to 62,607 in 1940. Over 12,000 pamphlets on health information were distributed from this building.

The Monumental City Medical Society which is the Negro medical association of Baltimore, continued to hold regular monthly sessions in the auditorium. Medical students, public school teachers, public school children and student nurses assembled here for the purpose of instruction. The assembly room was used by the Boy Scouts, the committees of the Clean Block Campaign and the National Negro Health Week Committee, which met often during the year. During the observance of National Negro Health Week, the Center served as the hub of activities. The Baltimore League for the Hard of Hearing conducted classes in the new assembly room each Monday night during the year beginning on October 6.

Boys and girls who attended the Camp for Underprivileged Colored Children during the summer of 1941 were given physical examinations by the staff of the Druid Health Center.

Personnel

Alfred C. Moore, M.D., Health Officer, Full Time
 H. Maceo Williams, M.D., M.P.H., Health Officer, Full Time
 J. Walker Thomas, M.D., Health Officer
 James B. Hawkins, M.D., Health Officer
 J. G. McRae, M.D., Health Officer
 D. McKinley Reesby, M.D., Health Officer
 Mildred S. Cohen, Junior Stenographer
 Zelda Goldsmith, Junior Stenographer
 Mary Loretta Rentz, Junior Stenographer
 Margaret Dorsey, Junior Stenographer
 Lauline Beckwith, Junior Stenographer
 Anna Persch, Senior Supervisor of Field Nurses
 Dorothea Tag, Senior Supervisor of Field Nurses
 Iva E. Schieswohl, Supervisor of Field Nurses
 Bernard A. Smith, Janitor

Public Health Nurses

Theresa Byrne
 Olga M. Chambers
 Ruth Collier
 Florence Collins
 Helen Collins

Minnie Leah Corbin
 Margaret T. Ellis
 M. E. FitzPatrick
 Carolyn Gail
 Margaret L. Gogel

Margaret S. Harper
Mary Sewell Jenkins
Bess C. Lang
Margaret L. Lockerman
Mary C. Malone
Beulah B. McCausland
Ella McKenna
Mary Lou Mercer
Charlotte Miller
Sylvia Miller
Elizabeth Moore
Ella T. Nichols
Cecelia Nossell

Katherine Nutto
Cornelia Phillips
Agnes C. Pilgrim
Ruth B. Pyle
Florence Roberts
Reva Rosenfeld
Bertha Schrock
Florence Turner
Grace S. Volmar
Pearl L. J. Warde
Dorothie Williams
Ethel G. Young
Florence Zinz

TABLE NO. 1
RESIDENT BIRTHS, WESTERN HEALTH DISTRICT—1941

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORED
All Births.....	3,993	1,335	2,657
Hospital.....	2,263	906	1,357
Home.....	1,729	429	1,300
Out-patient delivery service.....	1,029	135	894
Private physician.....	552	281	271
Midwife.....	148	13	135

TABLE NO. 2
RESIDENT DEATHS ACCORDING TO MAJOR GROUPS OF CAUSES AND COLOR
WESTERN HEALTH DISTRICT—1941

CAUSE OF DEATH	TOTAL	WHITE	COLORED
All Causes.....	3,156	1,149	2,007
I. Infectious and parasitic diseases (exclusive of tuberculosis and syphilis).....	66	12	54
Tuberculosis (all forms).....	377	62	315
Syphilis.....	89	11	78
II. Cancers and other tumors.....	286	140	137
III. Rheumatism, diseases of nutrition and of the endocrine glands, other general diseases and avitaminoses.....	74	39	35
IV. Diseases of the blood and blood-forming organs.....	13	5	8
V. Chronic poisoning and intoxication.....	23	11	12
VI. Diseases of the nervous system and sense organs.....	263	83	180
VII. Diseases of the circulatory system.....	819	373	446
VIII. Diseases of the respiratory system.....	254	90	164
IX. Diseases of the digestive system.....	182	69	113
X. Diseases of the genito-urinary system.....	316	95	221
XI. Diseases of pregnancy, childbirth and the puerperium..	12	3	9
XII. Diseases of the skin and cellular tissue.....	2	..	2
XIII. Diseases of the bones and organs of movement.....	1	..	1
XIV. Congenital malformations.....	15	6	9
XV. Diseases peculiar to the first year of life.....	129	38	91
XVI. Senility.....	..	..	..
XVII. Violent and accidental deaths.....	235	103	132

TABLE NO. 3
COMMUNICABLE DISEASES REPORTED IN THE
WESTERN HEALTH DISTRICT—1941

DISEASE	CASES
TOTAL.....	1,910
Chickenpox.....	204
Diphtheria.....	16
German measles.....	657
Measles.....	417
Meningococcus meningitis.....	15
Mumps.....	70
Poliomyelitis.....	6
Scarlet fever.....	101
Typhoid fever.....	7
Whooping cough.....	417

TABLE NO. 4
DIPHTHERIA TOXOID AND SMALLPOX VACCINE ADMINISTERED TO
RESIDENTS OF THE WESTERN HEALTH DISTRICT—1941

AGE AT DATE OF INOCULATION OR VACCINATION	DIPHTHERIA INOCULATION			SMALLPOX VACCINATION		
	TOTAL	WHITE	COLORED	TOTAL	WHITE	COLORED
TOTAL.....	5,641	885	4,756	3,311	517	2,794
Under 1 year.....	1,871	201	1,670	248	115	1,133
1.....	267	54	213	326	45	281
2.....	222	66	156	276	59	217
3.....	178	39	139	256	40	216
4.....	201	49	152	297	61	236
5.....	484	94	390	474	76	398
6.....	611	158	453	274	51	223
7.....	382	65	317	59	19	40
8.....	335	46	289	29	12	17
9.....	376	45	331	17	5	12
10 years and over.....	714	68	646	55	34	21

THE HISTORY OF THE UNITED STATES

The history of the United States is a story of growth and change. It begins with the first settlers, who came to the Americas in search of a new life. They found a land of opportunity, but also a land of challenge. The early years were marked by struggle and hardship, but the spirit of the pioneers was unyielding. They built a nation from scratch, one that was based on the principles of freedom and democracy. Over time, the United States grew in size and power, becoming a global superpower. The challenges of the past have been met with the resilience and ingenuity of the American people. Today, the United States stands as a beacon of hope and progress, a nation that has overcome all odds to become one of the most powerful and influential in the world.

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SOUTHEASTERN HEALTH DISTRICT

UNIVERSITY OF MICHIGAN LIBRARY

SOUTHEASTERN HEALTH DISTRICT

John A. Skladowsky, M.D.

Health Officer

Particular attention was given to the advancement of tuberculosis and communicable disease control and to the extension of health educational services. The existing cordial and cooperative relationship with the physicians practicing in the district and the voluntary organizations actively associated with it continued to be a potent factor in furthering the district health program.

Probably the most outstanding event to take place in the Southeastern Health District during the year was the assumption and operation on and after March 1 of the two Babies Milk Fund Association child health conferences or well baby clinics located in Public School No. 2, Central Avenue and Gough Street, and in Public School No. 6, at Fleet and Ann Streets. Through the courtesy and cooperation of Dr. Joseph L. Wheeler, Librarian of the Enoch Pratt Free Library, the latter conference was moved on September 30 to Branch No. 11, 4 S. Central Avenue, in order to provide more commodious facilities for the attendance of white and colored children.

The new procedure of the Bureau of Tuberculosis of notifying the health district offices of all bed vacancies at the State Sanatoria served to expedite the removal of patients to the sanatoria. Also, it is expected that the district tuberculosis control work will be improved by the reports of tuberculosis in rejected draftees which were sent to the district health officer by local draft boards and their examining physicians. On May 21, weekly conferences on tuberculosis were begun at which time staff nurses conferred with the district supervising nurse and health officer about the cases of tuberculosis on their visiting lists. Beginning in December the district health officer and the supervising nurse attended the semi-monthly tuberculosis X-ray conferences held at the Municipal Chest Clinic, 28 S. Broadway.

Inauguration of a new diphtheria prevention and vaccination clinic on September 5 in the community building of the Armistead Gardens Housing Project at Philadelphia Road and Horner's Lane was the initial step in a contemplated plan to establish a health unit in housing projects in the district in order to furnish preventive health services to the newly arrived defense workers and their families. Talks and demonstrations on health subjects, distribution of department informational pamphlets, and publicity in local newspapers continued to be an integral part of the district educational program throughout the year.

Twelve student nurses from the Union Memorial Hospital School of Nursing completed the prescribed course of affiliate instruction in public health nursing in the district during the year. The entire district nursing staff finished a ten weeks' course in first aid at the Red Cross. Due to the improved economic status of residents of the area, there was a decrease in the number of expectant mothers registered in the prenatal clinic and the Tuesday session was discontinued. This change was also reflected in the attendance at the Mothercraft Classes.

Personnel

John A. Skladowsky, M.D., Health Officer, Full Time
O. L. Long, M.D., Health Officer
Lewis J. Rosenthal, M.D., Health Officer
Ruth Oken, Junior Stenographer
Velma B. Salmi, Junior Stenographer
Mary I. Streckfus, Senior Supervisor of Field Nurses
Blanche C. Craig, Assistant Supervisor of Nursing
Jerome Johnson, Janitor

Public Health Nurses

Pauline K. Benfer
Florence P. Colburn
Margaret Duddy
Helen F. Fluskey
Julia R. Hagenbuch
Tillie Krucoff

Madeleine P. Lawson
Loretto C. Link
Zena T. Mattie
Sarah E. Patterson
Virginia S. Pendleton
Grace B. Ridgaway

Ruth E. Rouse

TABLE NO. 1
RESIDENT BIRTHS, SOUTHEASTERN HEALTH DISTRICT—1941

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORED
All Births.....	1,909	1,847	62
Hospital.....	1,381	1,342	39
Home.....	528	505	23
Out-patient delivery service.....	3	2	1
Private physician.....	430	423	7
Midwife.....	95	80	15

TABLE NO. 2
RESIDENT DEATHS ACCORDING TO MAJOR GROUPS OF CAUSES AND COLOR
SOUTHEASTERN HEALTH DISTRICT—1941

CAUSE OF DEATH	TOTAL	WHITE	COLORED
All Causes.....	1,105	1,022	83
I. Infectious and parasitic diseases (exclusive of tuberculosis and syphilis).....	10	8	2
Tuberculosis (all forms).....	81	67	14
Syphilis.....	14	7	7
II. Cancers and other tumors.....	147	140	7
III. Rheumatism, diseases of nutrition and of the endocrine glands, other general diseases and avitaminoses.....	37	35	2
IV. Diseases of the blood and blood-forming organs.....	4	4	..
V. Chronic poisoning and intoxication.....	8	8	..
VI. Diseases of the nervous system and sense organs.....	59	53	6
VII. Diseases of the circulatory system.....	365	346	19
VIII. Diseases of the respiratory system.....	83	73	10
IX. Diseases of the digestive system.....	58	57	1
X. Diseases of the genito-urinary system.....	83	77	6
XI. Diseases of pregnancy, childbirth and the puerperium....	3	3	..
XII. Diseases of the skin and cellular tissue.....	2	2	..
XIII. Diseases of the bones and organs of movement.....	1	1	..
XIV. Congenital malformations.....	17	17	..
XV. Diseases peculiar to the first year of life.....	33	31	2
XVI. Senility.....	1	1	..
XVII. Violent and accidental deaths.....	99	92	7

TABLE NO. 3
COMMUNICABLE DISEASES REPORTED IN THE
SOUTHEASTERN HEALTH DISTRICT—1941

DISEASE	CASES
Total.....	1455
Chickenpox.....	157
Diphtheria.....	8
German measles.....	646
Measles.....	401
Meningococcus meningitis.....	7
Mumps.....	23
Poliomyelitis.....	10
Scarlet fever.....	62
Typhoid fever.....	2
Whooping cough.....	136

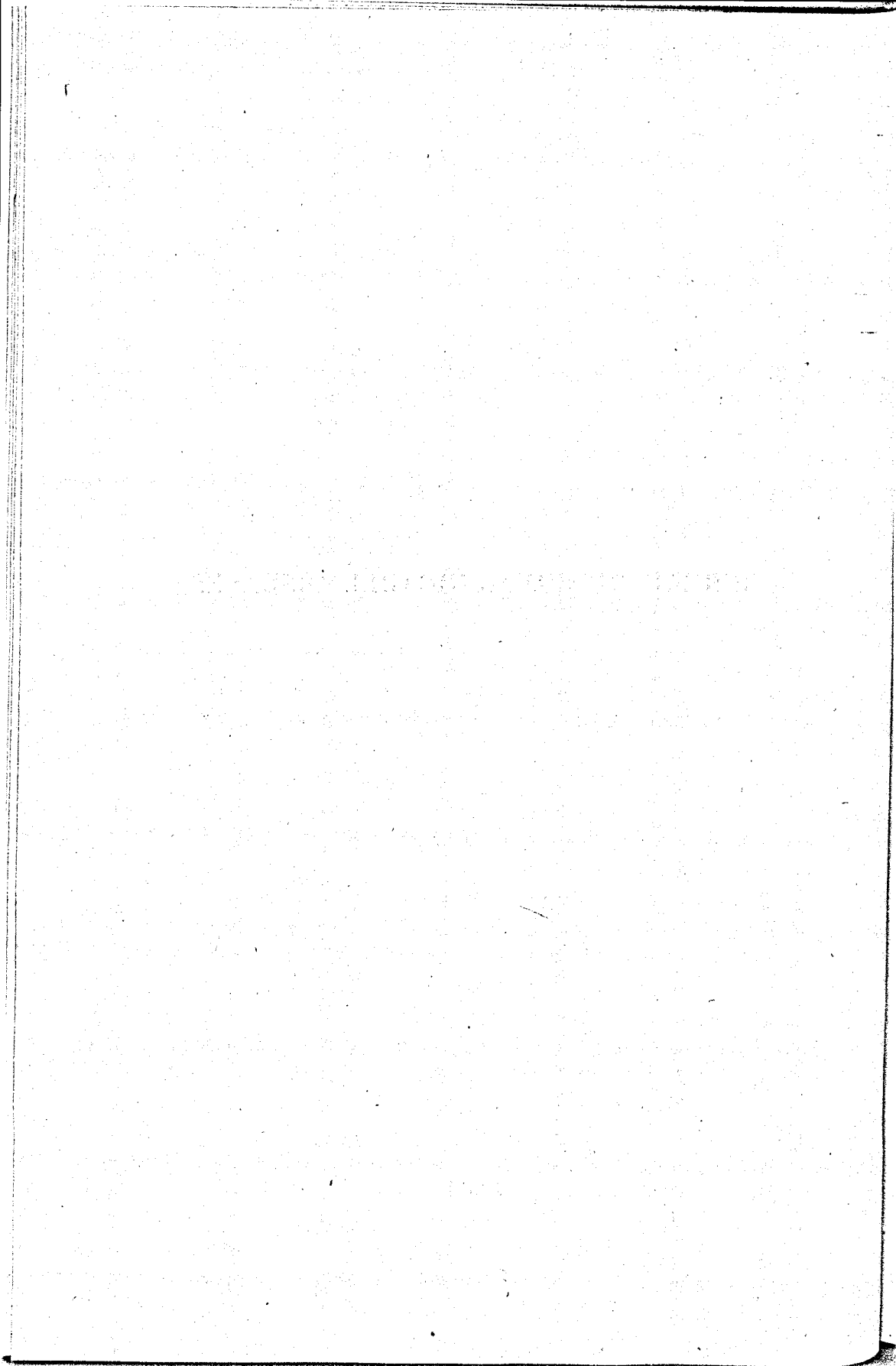
TABLE NO. 4
DIPHTHERIA TOXOID AND SMALLPOX VACCINE ADMINISTERED TO
RESIDENTS OF THE SOUTHEASTERN HEALTH DISTRICT—1941

AGE AT DATE OF INOCULATION OR VACCINATION	DIPHTHERIA INOCULATION			SMALLPOX VACCINATION		
	TOTAL	WHITE	COLORED	TOTAL	WHITE	COLORED
Total.....	1,750	1,653	97	1,600	1,542	58
Under 1 year.....	739	702	37	331	314	17
1.....	147	139	8	279	270	9
2.....	85	79	6	183	178	5
3.....	84	78	6	195	191	4
4.....	78	72	6	199	193	6
5.....	124	122	2	223	218	5
6.....	180	170	10	127	118	9
7.....	72	63	9	25	22	3
8.....	51	48	3	10	10	..
9.....	46	44	2	5	5	..
10 years and over.....	97	89	8	23	23	..
County cases.....	47	47	..			

MEDICAL SECTION

THE END OF THE WORLD

BUREAU OF COMMUNICABLE DISEASES



BUREAU OF COMMUNICABLE DISEASES

David H. Andrew, M.D., C.P.H.

Director

A total of 36,556 cases of communicable diseases was reported during the year as compared with 23,189 cases in 1940. The increase was due in the main to an outbreak of German measles during the first part of the year and also an outbreak of true measles during the early part of the year with a recurrence of the same disease during the last two months of the year.

Poliomyelitis

A total of 101 cases and 3 deaths of paralytic anterior poliomyelitis in Baltimore residents was reported during 1941 as compared with 4 cases and no deaths during 1940. In addition, 34 suspicious cases were reported which finally proved to be non-paralytic and were, therefore, not included in the statistical report. Only 5 cases were reported during the first six months of the year but in July when 5 cases occurred, it was obvious that there would be an increased number of cases as compared with the experience of previous years. The peak of reporting of the disease was reached in August when 50 cases were recorded. The actual peak as regards to date of onset was reached during the last week of July when a total of 15 cases developed.

Nine of the cases occurred in Negroes which was considerably less than the percentage of Negroes in the general population. About 60 per cent of the cases occurred in males; 30 cases occurred in children under six years of age; 51 cases in children six to fifteen years of age and 20 in persons sixteen years and over. The disease was not limited to any one section of the city but the majority of cases occurred in the outlying areas. Very few cases were reported among people of low economic status who resided in the crowded areas.

Fifty-seven city patients were admitted to Sydenham Hospital, 14 cases were admitted to other hospitals and the others were treated at home. In instances where the patients had been hospitalized at Sydenham, if any residual paralysis remained when the isolation period was over, they were transferred to one of the orthopedic hospitals. Those cases who remained at home received orthopedic care from their private physician or through the Maryland League for Crippled Children. In few instances did the parents insist upon seeking advice from nonmedical practitioners.

During the height of the outbreak, eight public health nurses spent one week at the orthopedic hospitals studying the special nursing care given to orthopedic patients. In addition, a full time health officer assigned to the Baltimore City Health Department by the U. S. Public Health Service also spent some time at the respective orthopedic hospitals. For several months these members of the staff made home visits to give nursing and orthopedic care but, as the outbreak subsided, this work was referred to the Instructive Visiting Nurse Association and the physiotherapists of the Maryland League for Crippled Children.

Diphtheria

A total of 47 cases and 3 resident deaths of diphtheria was reported during 1941 as compared with 49 cases and 1 death in 1940. Thus, during 1941 the number of cases of this disease reported in Baltimore was lower by 2 than for any other single year on record. Baltimore went from January 7, 1940 to November 12, 1941 without a resident death from diphtheria. This was a period of nearly two years and yet did not include any one calendar year. The first death which was reported during 1941 occurred in a thirty-five year old colored woman and was due primarily to diphtheritic involvement of the respiratory system. The second death occurred in a four-year old child who had arrived in Baltimore a few months prior to the onset of the illness. The last death occurred in a four-and-one-half year old child who had lived in Baltimore during his entire life. None of these persons had been previously inoculated against diphtheria.

It was obvious at the beginning of the year that many new people were coming to Baltimore to be employed in the defense industries and also that there was a great increase in crowding, especially in certain sections of the city. With this in mind, the Baltimore City Health Department in conjunction with the Baltimore County Health Department had 17,000 notices placed in the pay envelopes of the Glenn L. Martin Company's employees urging diphtheria toxoid inoculation for their children. In co-operation with the Division of Industrial Hygiene, forms entitled "Parent's Register for Health Service" were prepared and distributed by the personnel departments of many Baltimore defense and nondefense industries to their new employees. A large number of replies totaling 5,918 during the year were received from these new employees and those families with young children were referred to the Bureau of Public Health Nursing. The nurses in turn made visits to the homes and among other things discussed the importance of toxoid inoculation.

During the year a marked increase in the number of cases of diphtheria was noted in the western section of the city, particularly among the colored

people. Therefore, in November, a special diphtheria campaign was held in a localized area in close proximity to the school where many of the cases had occurred. The usual methods of publicity were used and, in addition, the public health nurses made a house-to-house canvass of the district. This drive may be considered as having been successful because 748 colored children were given the inoculation and 184 of these children were under five years of age.

Toxoid was given to a total of 18,407 children as compared with 15,759 children in 1940. During the year 10,103 children under one year of age were recorded as having been inoculated against diphtheria as compared with 8,389 children in this group during 1940. Also in 1941, physicians reported that they had inoculated 5,300 children in their private practice as compared with 3,975 children during 1940. The number of children under one year of age to be inoculated against diphtheria was the largest in 1941 of any year on the Department's records and private physicians reported more children than ever before as having been inoculated by them.

Of the 47 cases of diphtheria reported, 21 definitely had no history to show that they had ever been previously inoculated. In 16 cases, alum-precipitated toxoid was given and in 1 case, the Ramon two dose toxoid was given. In the remaining 9 cases, the parents believed that the children had been inoculated against diphtheria but there were no records available.

It was estimated that 80.1 per cent of the child population in Baltimore under five years of age was inoculated against diphtheria at the close of 1941 as compared with 78.62 per cent at the end of 1940. In the group of children from five to nine years of age, the estimated percentage was 94.6 which was the same as at the close of 1940.

Meningococcus Meningitis

There were 72 cases and 11 deaths of meningococcus meningitis recorded in Baltimore residents as compared with 13 cases and 5 deaths in 1940. This was the largest number of cases of this disease to be recorded in any one year since 1937. In that year in spite of the use of sulfanilamide, a mortality of approximately 28 per cent was reported as compared with a mortality of about 15 per cent during 1941. There was no outbreak in any institution but in many cases there was definite crowding in the home and the economic status was often very low.

Typhoid Fever

A total of 35 cases and 3 resident deaths of typhoid fever was reported in 1941 as compared with 23 cases and 1 death during 1940. The

following summary shows the probable source of infection of the cases reported during 1941:

Probable method of infection	
a. Contact with active case.....	2
b. Contact with known carrier.....	1
c. Contact with hitherto unknown carrier.....	12
d. Probably contracted out of town.....	3
e. Drinking water from polluted streams.....	2
f. Probably eating raw oysters from unapproved source.....	1
g. Method of infection undetermined.....	14
	—
TOTAL.....	35
Maryland county cases hospitalized in Baltimore.....	21
Residents of Baltimore—infection charged to other locations.....	6

Eleven new typhoid fever carriers were discovered during the year and 4 were removed from the records. Of these, 3 died and 1 moved out of the State. This made a total of 69 carriers under supervision in Baltimore at the close of the year.

Measles

There was a total of 4,458 cases and 3 deaths of measles reported during 1941 as compared with 88 cases and no death in 1940. There were also 7,758 cases of German measles practically all of which occurred during the first six months of the year. It is interesting to note that this was the largest number of cases of German measles ever reported in any one year; also, most of the cases occurred in children of school age or young adults while very few preschool children were attacked. During the early part of 1941 a slight increase in the incidence of measles was noted but with the onset of summer weather the disease disappeared. Then with the return of cold weather, a gradual increase was again noted.

Whooping Cough

There was a marked decrease in the incidence of whooping cough in 1941 as compared with the previous year. There were 2,560 cases and 30 deaths of this disease recorded in 1941 as compared with 5,258 cases and 24 deaths in 1940. It is difficult to explain the increase in deaths from whooping cough with the definite decrease in the incidence of the disease. The same drugs for chemotherapy and the same serums were available for treatment as in the previous year. One interesting feature was the fact that 27 of the 30 deaths were in colored children as compared with 13 out of the total of 24 deaths in 1940.

Smallpox

No case of smallpox was reported in Baltimore in 1941. The last reported case of this disease in the city was recorded on March 9, 1928.

Several of the defense industries and a few of the nondefense industries required evidence of successful smallpox vaccination as a prerequisite for employment. Where previously only a few adults were vaccinated in the office of the bureau director, during 1941 there were 594 adult defense workers vaccinated in that office.

Animal Bites

There were 1,854 cases of dog or other animal bites reported to the Health Department as compared with 1,805 for the previous year. No known case of rabies occurred in the animal population of Baltimore during the year, nor has there been any such animal case known in the city since November, 1931. The last human case in Baltimore was reported on March 21, 1930.

Personnel

David H. Andrew, M.D., C.P.H., Director
Anthony L. Rettaliata, M.D., Health Officer, Full Time
J. W. Ashworth, M.D., Health Officer
R. Z. G. Cross, M.D., Health Officer
L. S. Horka, M.D., Health Officer
Henry B. Kolb, M.D., Health Officer
Amelia Link, M.D., Health Officer
E. G. Miller, M.D., Health Officer
Howard Warner, M.D., Health Officer
S. Weinberg, M.D., Health Officer
Alice V. Owings, Senior Clerk
Grace E. Herbert, Senior Stenographer
M. Loucille Thompson, Junior Stenographer

TABLE NO. 1
CASES AND RESIDENT DEATHS OF REPORTABLE DISEASES—1938-1941

DISEASES	1941		1940		1939		1938	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Chancroid.....	88	..	198	..	167	..	172	..
Chickenpox.....	3,045	2	3,289	..	2,231	1	3,435	..
Conjunctivitis, acute.....	150	..	132	..	154	..	100	..
Diarrhea and enteritis								
Under 2 years of age.....	198	144	110	54	156	45	373	80
Two years and over.....	22	15	13	17	30	17	50	15
Diphtheria.....	47	3	49	1	67	3	125	3
Dysentery								
Amebic.....	11	2	4	..	13	1	13	..
Bacillary.....	105	13	73	7	134	12	194	31
Unspecified.....	32	4	20	1	43	..	181	1
Encephalitis lethargica.....	4	..	2	2	1	1	3	4
Erysipelas.....	35	..	40	1	89	4	87	4
German measles.....	7,865	..	42	..	48	..	100	..
Gonococcus infection.....	2,006	8	2,326	8	2,252	12	2,280	21
Gonorrheal ophthalmia.....	35	..	43	..	27	..	31	..
Impetigo contagiosa.....	10	..	35	..	59	..	55	..
Influenza.....	509	67	505	56	562	63	227	53
Leprosy.....	..	..	1	..	..	..	1	..
Malaria.....	15	..	12	..	3	..	14	..
Measles.....	4,458	3	88	..	11,833	9	1,119	..
Meningococcus meningitis.....	72	11	13	5	18	6	28	7
Mumps.....	1,711	1	193	..	1,054	1	578	..
Other venereal diseases.....	22	2	40	1	30	..	22	..
Paratyphoid fever.....	..	..	..	..	2	..	3	..
Pellagra.....	4	3	2	3	19	6	17	7
Pneumonia								
Bronchopneumonia.....	534	277	704	308	740	363	482	405
Lobar pneumonia.....	1,223	350	1,460	320	1,141	305	748	359
Psittacosis.....	..	..	..	..	..	..	..	..
Polioomyelitis (paralytic cases).....	101	3	4	..	20	..	3	..
Rabies in man.....	..	..	..	..	..	..	..	..
Rocky Mountain spotted fever.....	2	..	2	..	1	..	5	4
Scarlet fever.....	857	..	571	2	598	1	1,002	3
Septic sore throat.....	110	3	95	3	97	1	106	3
Smallpox.....	..	..	..	..	..	..	..	..
Salmonella infection.....	17	..	19	..	8	..	1	1
Syphilis.....	7,838	198	6,213	219	7,507	258	8,236	278
Tetanus.....	4	1	5	..	8	3	6	6
Trachoma.....	..	..	3	..	3	..	1	..
Trichinosis.....	..	..	12	..	1	..	5	..
Tuberculosis								
Pulmonary.....	1,842	760	1,474	760	1,430	631	1,613	668
Other forms.....	61	51	69	47	85	42	57	43
Tularemia.....	1	..	9	2	31	8	13	3
Typhoid fever.....	35	3	23	1	24	1	51	8
Typhus fever.....	2	1	..	..	6	2	3	1
Undulant fever.....	7	..	3	..	9	1	8	1
Vincent's angina.....	16	..	25	..	24	..	31	..
Weill's disease.....	4	..	1	..	1	..	7	..
Whooping cough.....	2,580	30	5,258	24	1,575	9	1,548	19

TABLE NO. 2
CASES AND RESIDENT DEATHS OF CERTAIN DISEASES
ACCORDING TO MONTHS—1941

DISEASES		TOTAL	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
Typhoid fever.....	Cases	35	3	1	1	1	5	..	2	6	6	4	1	5
	Deaths	3	..	..	1	1	..	..	..	1	..	..	..	..
Paratyphoid fever.....	Cases	..	..	..	..	..	..	..	..	..	..	..	..	..
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcus meningitis.....	Cases	72	..	3	6	11	8	8	8	6	3	7	2	10
	Deaths	11	..	1	2	1	2	1	1	2	..	..	..	1
Scarlet fever.....	Cases	857	119	115	104	78	92	54	37	17	30	51	84	76
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping cough	Cases	2,560	266	255	229	239	309	286	273	197	187	133	117	89
	Deaths	30	1	2	3	1	2	..	5	3	1	7	4	1
Diphtheria.....	Cases	47	6	1	4	2	1	7	..	..	2	5	12	7
	Deaths	3	..	..	..	..	..	..	..	..	..	3	..	..
Tuberculosis, pulmonary.....	Cases	1,842	153	142	152	191	198	153	168	151	125	131	119	159
	Deaths	760	62	68	75	68	74	56	71	55	70	59	57	48
Tuberculosis, other forms.....	Cases	61	7	3	7	11	7	6	4	2	3	6	2	3
	Deaths	51	5	2	2	8	6	1	8	3	3	7	5	1
Tularemia.....	Cases	1	1	..	..	..	..	..	..	..	..	..	..	..
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza.....	Cases	509	259	107	46	25	8	8	2	5	4	10	14	21
	Deaths	67	16	15	10	4	4	3	1	1	1	..	5	7
Smallpox.....	Cases	..	..	..	..	..	..	..	..	..	..	..	..	..
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles.....	Cases	4,458	27	75	268	570	894	1,168	572	118	38	41	171	518
	Deaths	3	..	..	..	1	..	1	..	..	..	..	..	1
Poliomyelitis (paralytic cases) ...	Cases	101	1	3	..	1	..	1	18	50	19	6	2	..
	Deaths	3	..	..	..	..	..	..	1	..	..	1	..	1
Encephalitis lethargica.....	Cases	4	..	..	..	..	..	..	2	1	..	1	..	..
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
German measles	Cases	7,865	22	165	1,143	3,071	2,287	1,018	76	13	17	13	18	22
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Chickenpox.....	Cases	3,045	381	534	718	515	296	174	56	11	20	43	83	216
	Deaths	2	..	1	..	..	..	..	..	..	..	..	..	1
Typhus fever.....	Cases	2	..	..	..	1	..	..	..	..	1	..	..	..
	Deaths	1	..	..	..	..	..	..	..	..	1	..	..	..
Rocky Mountain spotted fever ..	Cases	2	..	..	..	..	..	..	..	2	..	..	..	..
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Bronchopneumonia.....	Cases	534	64	96	79	50	39	29	31	24	16	32	40	34
	Deaths	277	29	46	37	19	26	13	13	11	14	21	28	20
Lobar pneumonia.....	Cases	1,223	162	170	155	207	106	63	41	39	36	54	83	107
	Deaths	350	34	39	53	60	31	20	10	18	10	10	32	33

TABLE NO. 3
DIPHTHERIA PREVENTION SUMMARY

AGE AT TIME PROTECTED	PERSONS HAVING RECEIVED THE REQUIRED DOSAGE OF AN APPROVED IMMUNIZING AGENT—YEARS IN WHICH TREATED							TOTAL AT SPECIFIED AGES, AS OF DECEMBER 31, 1941, WHO HAVE RECEIVED TOXOID
	1935 and Prior	1936	1937	1938	1939	1940	1941	
Under 1 year.....	4,702	5,925	5,534	7,349	8,786	8,889	10,103	10,103
1 year.....	5,727	2,047	1,289	1,302	1,079	951	1,131	9,520
2 years.....	6,133	1,208	653	745	555	492	637	10,374
3 years.....	5,843	923	536	585	421	394	528	9,448
4 years.....	5,681	846	489	553	400	390	556	8,341
5 years.....	6,794	1,626	1,152	1,368	1,241	1,165	1,176	9,946
6 years.....	8,429	1,732	1,723	1,940	1,640	1,445	1,393	10,945
7 years.....	8,317	479	1,084	1,073	706	671	669	11,379
8 years.....	8,226	247	1,049	1,044	493	509	580	11,784
9 years.....	9,138	166	1,128	1,130	337	432	553	11,549
10 years and over.....	45,323	247	3,172	2,194	502	832	1,041	113,639
Unstated.....	450	40	105	42	57	89	60	843
								Grand Total
								217,871

NOTE: Figures in column headed "1935 and prior" are the number of children at specified ages in 1935 who had been inoculated that year or prior.

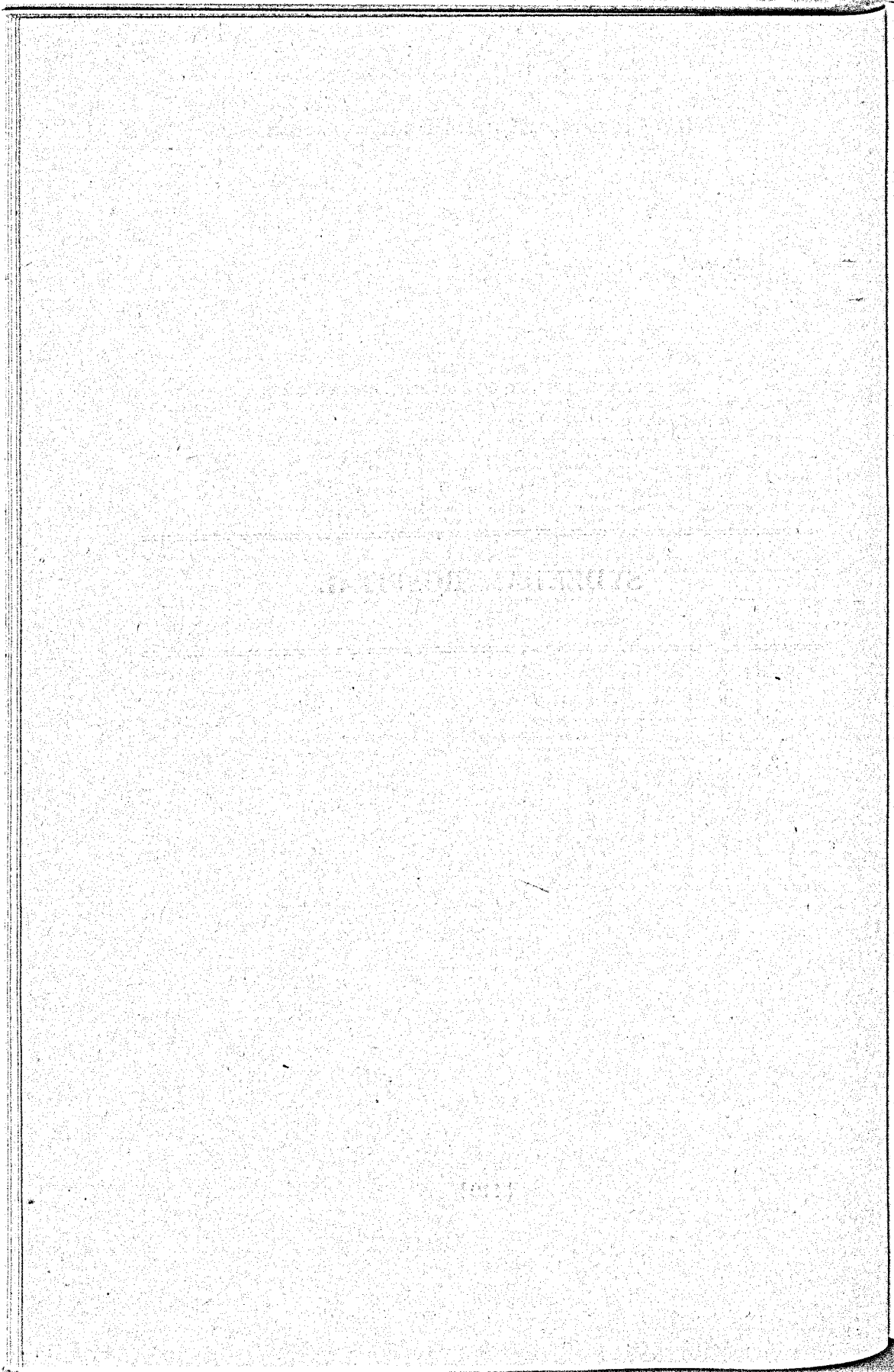
TABLE NO. 4
DIPHTHERIA CASES AND PERCENTAGE OF POPULATION (BY AGE GROUPS)
GIVEN AN IMMUNIZING AGENT—1925-1941

YEAR	NUMBER DIPHTHERIA CASES REPORTED	ESTIMATED POPULATION		NUMBER GIVEN IMMUNIZING AGENT AS OF DECEMBER 31		PERCENTAGE GIVEN IMMUNIZING AGENT AS OF DECEMBER 31	
		Age Group 0-4	Age Group 5-9	Age Group 0-4	Age Group 5-9	Age Group 0-4	Age Group 5-9
1941.....	47	59,622	58,771	47,786	55,603	80.15	94.61
1940.....	49	55,459	56,557	43,601	53,510	78.62	94.61
1939.....	67	56,403	58,259	41,372	51,802	73.35	89.07
1938.....	125	57,313	59,935	38,155	50,538	66.57	84.32
1937.....	257	58,243	61,585	35,186	47,351	60.41	76.89
1936.....	146	59,138	63,209	33,354	41,697	56.40	65.97
1935.....	119	60,017	64,807	28,086	40,907	46.80	63.12
1934.....	108	60,879	66,379	25,644	38,754	42.12	58.38
1933.....	137	61,725	67,925	19,611	35,360	31.77	52.06
1932.....	254	62,555	69,444	15,194	35,407	24.29	50.99
1931.....	416	63,868	70,938	10,489	30,630	16.55	43.18
1930.....	522	64,165	72,406	6,776	35,223	10.56	48.65
1929.....	547	64,874	73,265	5,824	30,290	8.98	41.34
1928.....	829	65,409	72,368	3,334	25,277	5.10	34.93
1927.....	1,619	65,925	71,476	3,438	18,358	5.21	25.68
1926.....	837	66,422	70,589	2,449	11,340	3.69	16.06
1925.....	897	66,901	69,706	1,660	5,458	2.48	7.83

TABLE NO. 5
INOCULATION HISTORIES OF DIPHTHERIA CASES—1941

GROUPS	CASES WITH- OUT HISTORY OF PREVIOUS INOCULATION	CASES WITH INOCULATION HISTORY					
		TOTAL	CONFIRMED				UNCON- FIRMED
			Total	Alum- Precip- itated Toxoid	Ramon Toxoid	Toxin- Antitoxin	
TOTAL CASES.....	21	28	17	18	1	0	9
A. CLASSIFIED BY AGE							
Age Groups							
0-2 years.....	0	0	0	0	0	0	0
3-4 years.....	2	4	3	3	0	0	1
5-9 years.....	6	17	11	11	0	0	6
10-14 years.....	4	3	2	2	0	0	1
15 and over.....	9	2	1	0	1	0	1
B. CLASSIFIED BY TIME SINCE INOCULATION							
Time Since Inoculation							
0-3 months.....		0	0	0	0	0	0
4-11 months.....		0	0	0	0	0	0
1 year.....		2	2	2	0	0	0
2 years.....		2	2	2	0	0	0
3 and over.....		19	13	12	1	0	6
Unspecified.....		3	0	0	0	0	3

SYDENHAM HOSPITAL



SYDENHAM HOSPITAL

Myron G. Tull, M.D., M.P.H.

Superintendent

From June 12, 1941 until October 26, 1941, the Sydenham Hospital admitted 97 patients suffering from acute anterior poliomyelitis. Of these, 40 were not city residents. It was necessary to treat 7 cases in respirators because they were of the bulbar type and showed evidence of respiratory paralysis, and at one time, there were three of these machines in use at the same time. Another group of 10 patients, while being of the bulbar type, were not in sufficient respiratory difficulty to require treatment in the respirators. All the other cases showed skeletal paralysis.

It was noted that patients with paralysis of the muscles of deglutition aspirated into the lungs mucus and saliva which had collected in the posterior pharynx which added to their already embarrassed respiration. By performing a tracheotomy and inserting a rubber catheter through the nose into the pharynx and applying constant suction through this catheter, this difficulty was relieved and the patients recovered. There was but 1 death in this whole series of cases and that occurred in a child after it had been transferred to another institution for orthopedic care.

An active program of research in the newer methods of treating communicable diseases was conducted during the year. This applied particularly to meningococcus meningitis, primary and secondary whooping cough, pneumonia, diphtheria, poliomyelitis, influenza bacillus meningitis, and streptococcus infections.

The hospital suffered from a shortage of nurses and it was necessary to keep one floor of the hospital closed during a time when there was demand enough to occupy the entire three floors. A reorganization in the salary range and a change of some of the nurses from six months' temporary service to a permanent status helped to meet the difficulties arising from an insufficient corps of nurses.

All cases of meningococcus meningitis received one of the several sulfonamides but anti-meningococcus serum was not used. The death rate under the sulfonamide treatment was 12 per cent as compared with the previous death rate of 30 per cent when all patients with this disease had been given anti-serum.

As in previous years Sydenham Hospital offered a training course to

interns in the diagnosis and treatment of communicable diseases. Affiliation for this course was continued with the Harriet Lane Home of the Johns Hopkins Hospital and the University of Maryland of Baltimore, and Duke University Hospital of Durham, North Carolina. The West Baltimore General and U. S. Marine Hospitals discontinued their affiliation as of July 1, 1941. Demonstrations in communicable disease hospital technique and administration were given to students of the Johns Hopkins Medical School, the Johns Hopkins School of Hygiene and Public Health, and the University of Maryland School of Medicine. The Superintendent gave a series of lectures on communicable diseases to student nurses from several of the nurses' training schools in the city.

Services

The total number of patients admitted to Sydenham Hospital for all diseases during 1941 was 1,362, an increase of 141 over 1940. The principal diseases and the number of patients with each were as follows:

Diphtheria.....	47
Scarlet fever.....	474
Whooping cough.....	136
Meningitis (all types).....	89
Poliomyelitis.....	97

There were 4 deaths from diphtheria out of a total of 47 cases, including county cases, admitted during 1941. Although tracheotomies were performed, 3 resident deaths occurred within twenty-four hours after admission. A county patient brought to the city for hospitalization also died at Sydenham Hospital. None of the persons who died had received the protective toxoid inoculation.

The number of patients suffering from scarlet fever increased from 332 cases in 1940 to 474 cases in 1941. This was an increase of 43 per cent.

Fifty-five surgical operations were performed of which there were 16 tonsillectomies and adenoidectomies, 21 tracheotomies, 5 mastoidotomies, and 13 operations for other conditions. There were 628 chest X-rays taken in 1941.

There were 59 deaths of all diseases or a death rate of 4.3 per cent as against 4.2 per cent for 1940. Deducting 21 deaths which occurred within twenty-four hours after admission, the mortality rate was 2.7 per cent as compared with 3.9 per cent for 1940. The patient days increased from 18,378 in 1940 to 20,321 in 1941.

Personnel

Myron G. Tull, M.D., Superintendent
 Horace L. Hodes, M.D., Director of Medical Research
 Howard J. Ickes, M.D., Resident Hospital Physician
 Bernard German, M.D., Hospital Intern
 M. C. Schwartzman, Senior Clerk
 Edna E. Herget, Junior Clerk
 Miriam R. Levin, Senior Stenographer
 Lulu N. Rocco, Municipal Exchange Operator
 Ruth Jones Erich, Municipal Exchange Operator
 Esther G. Haas, Municipal Exchange Operator
 Edwin Whittemore, Pharmacist
 Alice S. Myers, Junior Bacteriologist
 Irene F. Shea, Superintendent of Nurses
 Dorcas Johnson, Assistant Head Hospital Nurse
 Agatha M. Cook, Night Supervisor of Nurses
 Alice S. Montell, Housekeeper
 Frank J. Neslein, Laundryman
 Charles Wright, Laundryman
 Anna Emrick, Laundress
 Mary Barry, Laundress
 Eva B. Shuff, Laundress
 Bessie P. Miller, Laundress
 Lauretta Rizzo, Laundress
 Lillian Lengsfeld, Laundress
 Walter Wagner, Head Cook
 Raymond Seabrease, Cook
 Louis Thomas, Storekeeper
 Nathan M. Crow, Painter
 William Farrell, Handy Man
 Paul Franklin, Gardner and Pruner
 Adam Helinski, Watchman
 Ferdinand Hammett, Chauffeur
 G. W. Ilgenfritz, Chauffeur
 Melvin Creamer, Chauffeur
 Thomas Grady, Chief Engineer
 W. M. Tracy, Shift Engineer
 Hans G. Kohman, Shift Engineer
 Spence Spry, Shift Engineer
 Timothy O'Neill, Oiler
 Ethan Kline, Oiler
 Benhard Nelson, Steam Fireman
 George Ott, Steam Fireman
 Edward R. Whitely, Steam Fireman

Charge Nurses

Alice Akre
 Edna L. Ballard
 Mary T. Cook
 Hattie Lou Ennis

Lorraine N. Haney
 Edna Saunders
 Katherine Schmidt
 Rebecca L. Schmidt

Graduate Nurses

Gwendolyn N. Bramberg	June R. M. Lamotte
Helen A. Brown	May Ann Lewis
Emma L. Engle	Phyllis Y. Mathias
Catherine E. Geppi	Lois M. Montgomery
Lottie Gordon	Audrey C. Myers
Betty Jane Grese	Anna Opuda
Margaret T. Hall	Mildred E. Sandel
Jessie M. Holloman	Marie F. Smith
Jane E. Johnson	Josephine M. Young

Domestics

Clarence Beall	Kathleen Garber
Ella May Bellingham	Dorothy Gunnett
Ida Birmingham	Pearl Hamlin
Caroline E. Brenner	Margaret Kinkle
Bertha Burch	Nellie E. Lake
Clara Butz	Opal Lovett
Mildred Childress	Albert Mariner
Eleanor Cinaglia	Margaret Moore
Edwin A. Clay	Harry W. Poole
Maurice Coleman	Audrey Taylor
William C. Davis	Betty Wells
John Diller	Josephine Williams
Adeline Fisher	Ethel Woods
Lillian G. Fisher	Pauline Yoter
James O. Fitzgerald	Catherine Zang

TABLE NO. 1
HOSPITAL CENSUS

Patients in hospital at beginning of year.....	56
Patients in hospital at end of year.....	50
Maximum number of patients in hospital at one time.....	94
Minimum number of patients in hospital at one time.....	19
Total number of admissions.....	1,362
Daily average number of patients.....	55.6
Average number of days stay of patients:	
Scarlet fever.....	21.7
Diphtheria.....	23.2
Whooping cough.....	14.8
Poliomyelitis.....	14.5
Total number of days maintenance given patients.....	20,321
Total number of days maintenance given employees.....	31,844
Total number of days maintenance given patients and employees.....	52,165

TABLE NO. 2
ADMISSIONS, DEATHS AND DEATHS WITHIN 24 HOURS BY COLOR AND DIAGNOSIS

ADMISSION DIAGNOSIS	ADMISSIONS			DEATHS			DEATHS WITHIN 24 HOURS		
	Total	White	Colored	Total	White	Colored	Total	White	Colored
Total.....	1,362	992	370	59	28	31	21	13	8
Measles.....	99	64	35	..	..	..	..	..	..
Scarlet fever.....	471	373	98	..	..	..	..	..	..
Whooping cough.....	136	67	69	15	3	12	5	3	2
Diphtheria.....	47	41	6	4	3	1	3	2	1
Diphtheria carrier.....	21	11	10	..	..	..	..	..	..
Erysipelas.....	26	22	4	1	1	..	..	..	..
Poliomyelitis.....	97	91	6	..	..	..	..	..	..
Meningococcus meningitis.....	59	38	21	7	4	3	..	..	..
Tuberculous meningitis.....	9	1	8	9	1	8	..	..	..
Gonococcal ophthalmia.....	13	3	10	..	..	..	..	..	..
Gonococcal vaginitis.....	2	2	0	..	..	..	..	..	..
Chickenpox.....	10	8	2	..	..	..	..	..	..
German measles.....	51	45	6	..	..	..	..	..	..
Mumps.....	25	21	4	..	..	..	..	..	..
Influenzal meningitis.....	6	6	..	1	1	..	..	..	..
Pneumococcus meningitis.....	4	1	3	2	1	1	2	1	1
Meningitis, B. Friedlander... ..	1	1	..	1	1	..	..	..	..
Meningitis, cause unknown ..	9	4	5	3	1	2	1	1	..
Meningitis, B. Morgani.....	1	1	..	1	1	..	..	..	..
Bronchopneumonia.....	20	10	10	2	1	1	2	1	1
Lobar pneumonia.....	12	5	7	..	..	..	..	..	..
Streptococcus sore throat....	71	56	15	..	..	..	..	..	..
Pharyngitis.....	9	8	1	..	..	..	..	..	..
Tonsillitis.....	4	3	1	..	..	..	..	..	..
Other conditions of upper respiratory tract.....	13	10	3	..	..	..	..	..	..
Toxic erythema.....	6	6	..	..	..	..	..	..	..
Encephalitis.....	7	7	..	4	4	..	1	1	..
Laryngotracheobronchitis....	20	13	7	2	2	..	2	2	..
Staphylococcus septicemia ...	1	1	..	1	1	..	1	1	..
Subarachnoid hemorrhage ...	2	1	1	1	..	1	1	..	1
Diarrhea.....	3	2	1	1	1	..	1	1	..
Massive atelectasis.....	1	..	1	1	..	1	1	..	1
Bacteremia, staphylococcus ..	1	1	..	1	1	..	..	..	..
Agranulocytosis.....	1	..	1	1	..	1	1	..	1
Rocky Mt. spotted fever.....	2	2	..	1	1	..	..	..	..
Other conditions.....	80	56	24	..	..	..	..	..	..
No disease.....	22	11	11	..	..	..	..	..	..

TABLE NO. 3
LABORATORY EXAMINATIONS

Total.....	19,415
CULTURES	
Spinal fluid.....	424
Urine.....	63
Blood.....	601
Pus.....	185
Nose and throat for Klebs-Loeffler.....	4,980
Throat for streptococcus.....	1,678
Stool.....	35
Sputum.....	1
Nasopharynx for streptococcus.....	346
Pus from eyes.....	54
Pus from vaginal swab.....	14
Pleural fluid.....	10
Tracheal swab.....	2
Gastric juice.....	2
SMEARS	
Spinal fluid.....	436
Mouth for Vincent's.....	11
Vagina for gonococcus.....	274
Eye for gonococcus.....	52
Urethra for gonococcus.....	1
ANIMAL INOCULATION TESTS FOR DIAGNOSTIC PURPOSES	
Mice for pneumococcus.....	208
AGGLUTINATIONS	
Suipestifer.....	2
TESTS FOR ISOLATION OF VIRUS	
Rabbit, guinea pig, mice.....	127
MISCELLANEOUS	
Pneumococcus typing.....	370
Routine urine examinations.....	5,053
Tuberculin tests.....	425
Sulfonamide determinations.....	441
Phenolsulphonphthalein tests.....	472
Non-protein nitrogen tests.....	66
Blood counts.....	3,102

TABLE NO. 4
POST-MORTEM EXAMINATIONS

Total.....	35
Agranulocytosis.....	1
Meningitis, B. Morgani.....	1
Meningitis, B. Friedlander.....	1
Laryngotracheobronchitis, acute.....	2
Meningococcus meningitis.....	6
Tuberculous meningitis.....	4
Whooping cough and pneumonia.....	7
Staphylococcus septicemia.....	2
Massive atelectasis.....	1
Pneumococcus meningitis.....	1
Rocky Mountain spotted fever.....	1
Influenzal meningitis.....	1
Measles encephalitis.....	1
Bronchopneumonia.....	1
Subarachnoid hemorrhage.....	1
Whooping cough encephalitis.....	1
Erysipelas.....	1
Diphtheria.....	1
Meningitis, type unknown.....	1

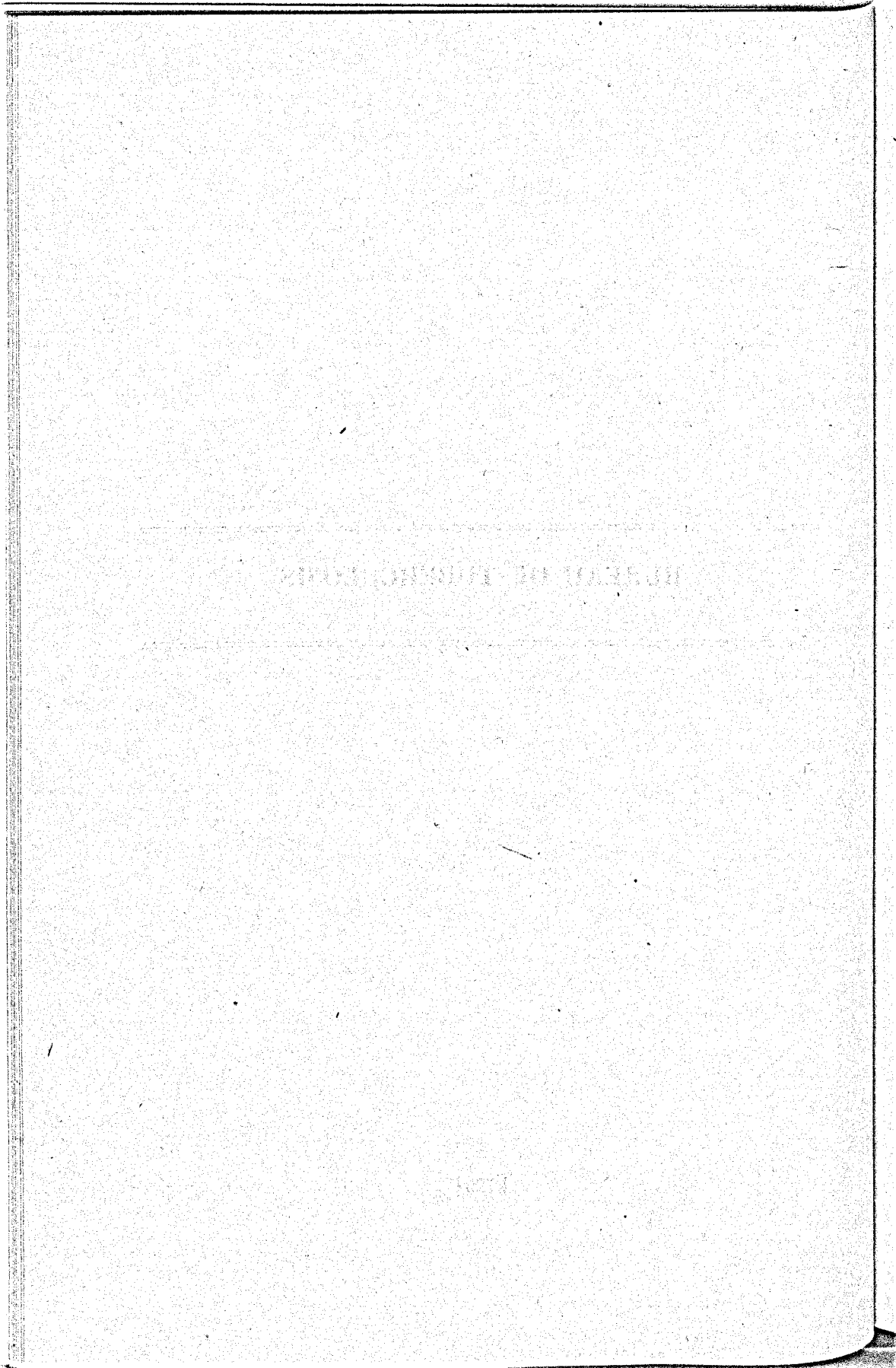
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BUREAU OF TUBERCULOSIS



BUREAU OF TUBERCULOSIS

Miriam E. Brailey, M.D., Dr.P.H.

Director

On May 20, 1941, Dr. Phineas J. Sparer resigned the directorship of the Bureau of Tuberculosis and on October 1, Dr. Miriam E. Brailey, formerly Associate in Epidemiology in the Johns Hopkins University School of Hygiene and Public Health and Director of the Harriet Lane Tuberculosis Clinic in the Johns Hopkins Hospital, was appointed to fill the vacancy.

Tuberculosis Mortality

During 1941 there were reported 811 resident deaths from all forms of tuberculosis, yielding a total death rate of 93.7 per 100,000 as compared with a rate of 94.9 for 1940. When the two races are considered separately, the rate for the white race had fallen from 56.7 in 1940 to 50.9 in 1941, but the tuberculosis death rate for the colored had risen from 253 in 1940 to 271.4 in 1941. The white race in 1941 composing four-fifths of the population contributed 355 deaths or only about 42 per cent of the total number due to tuberculosis; and the colored race representing only one-fifth of the population contributed 456 or about 58 per cent of the tuberculosis deaths for the city.

It is true that these marked racial differences in tuberculosis are in line with observations elsewhere and that Baltimore is not peculiar in this respect. But clearly the high tuberculosis death rate in this city is a reflection of the tuberculosis problem in the Negro, and our most effective means of lowering the rate will be concentration of effort to improve the control of the disease in the colored race.

Reported Cases

In 1941 newly reported cases of tuberculosis for the white race were 905 and for the colored 998. The ratios of new cases to deaths were 2.65 for white persons and 2.24 for colored persons.

The number and percentage distribution of cases according to race and source of report is shown in the table on page 30. Of the 1,903 cases of tuberculosis reported during 1941, no reports were made prior to death for 66 white and 70 colored cases.

The table indicates a considerable difference in the two races as to source of report. In both races, however, the chest clinics of the Health Department reported more cases than any other single source and were responsible

for about 30 per cent of all reported cases in the white race and for 38 per cent in the colored race. For the white race, private physicians were the second leading source of reports, 24 per cent, then general hospitals, 17 per cent. General hospitals occupied second place as a source of reports for the Negroes with 30 per cent of the total number of cases having been reported by them, while private physicians reported 12 per cent.

Diagnostic Services in the Health Department Chest Clinics

Diagnostic services were rendered by the City Clinics to 4,235 new patients during 1941 as compared with 3,658 in 1940. Of these 4,235 there were 2,308 or 54 per cent who came because of household exposure to known cases; the remainder were persons suspected of having the disease. Racially the numbers of patients were just about equal; 2,127 were white, 2,108 were colored. About 66 per cent of the white patients and 45 per cent of the colored were referred to the clinics by private physicians; public health nurses sent in 22 per cent of the white patients and about 45 per cent of the colored. Referral from miscellaneous sources accounted for the remaining 12 per cent of white persons and 10 per cent of colored persons examined at the City Clinics.

On examination, evidence for pulmonary tuberculosis, though not always of clinical significance, was found in 383 or 18 per cent of the white and in 515 or 24 per cent of the colored persons examined. In both races it is regrettable that 45 to 50 per cent of those displaying disease showed lesions already advanced beyond the minimal stage.

Case-Finding Projects

A small case-finding project, important mainly because it represented the first effort of the Bureau of Tuberculosis to search among apparently healthy adolescents, unselected for contact, but representing a susceptible age-group, was carried out among the members of the senior class in Douglass High School in November, 1941. One hundred and twenty colored students were tested with tuberculin, using the Vollmer Patch test; 119 of these tests were read, and 53 tuberculin-positive individuals discovered. All of these 53 reported for X-ray and 3 were found to have definite lesions, 1 of whom required and received sanatorium care. Two of the 3 positives, including the sanatorium case, were previously unreported to the Health Department.

Selectees, rejected by the local draft boards or by the induction board, were in many instances referred for appraisal of the X-ray findings and in many instances returned to civilian life with the assurance of no significant lesion. Other patients whose lesions were demonstrably active were sent to sanatoria.

Hospital and Sanatorium Facilities

Provision for bed care for tuberculous persons of Baltimore is somewhat complex. City residents are eligible for care in the appropriate State sanatoria, or they may be hospitalized at the Tuberculosis Division of the Baltimore City Hospitals under the Department of Public Welfare where there are 140 beds for each race. For white patients, two private Sanatoria, Mt. Pleasant with 60 beds and Eudowood with 200 beds, help ease the burden of the State institutions. For Negroes there are only the 140 beds in City Hospitals and 495 beds at the State Sanatorium at Henryton, 65 of which stood idle in 1941 because of inadequate appropriations for the State. Lacking a number of State-supported beds equivalent to those provided for the white race and lacking private institutions, tuberculous negroes have only about half as many beds as tuberculous white persons. For the State as a whole, including Baltimore City, in 1941 there were available 2.26 beds per fatal tuberculosis case among white residents, while for the colored there was only 1.1 bed per tuberculosis death.

Collapse Therapy at the City Clinics for Ex-sanatorium Patients

During 1941 there were 110 old patients and 77 new ones kept under regular treatment with artificial pneumothorax treatment following periods of sanatorium care. One hundred and seven of the total number were white and 80 were colored. Collapse treatment was available in three weekly sessions at 1516 Madison Avenue and twice weekly at 28 South Broadway.

Nursing Service

About one hundred and thirty-five public health nurses were available in 1941 for tuberculosis field-nursing as part of a generalized service. Of these, thirteen were colored and assigned to duty in the Druid Health Center. Tuberculosis nursing service had become too routinized with no effective coordination between the physicians or the clinic and the public health nurse. Classification of both old and new patients according to sputum status and attention to X-ray findings were inaugurated soon after October 1 with improvement in nursing service. Estimates of case-loads in various census tracts brought out the fact that although more nurses are needed everywhere, the most pressing need is in those areas where the colored race is densely packed.

Plans for an Improved Tuberculosis Service

Extension of Case-Finding Efforts

Plans for a third chest clinic to be located at the Druid Health Center, 1313 Druid Hill Avenue, designed for the use of colored patients and so

far as possible to be staffed by colored physicians and colored nurses, got under way in November 1941 but were not completed until 1942. The highly important item of X-ray equipment was made possible by the Maryland Tuberculosis Association which authorized on November 10, 1941 the purchase of a General Electric photoroentgen unit as a gift to the clinic. This machine cost nearly \$8,400.00 and will provide for both full size single films and 4 x 5 inch stereoscopic films, the latter at a cost of 8 cents each. These miniature films can be taken by this powerful unit with great rapidity, and 30 to 40 individuals can be X-rayed in a single hour by an expert technician. The low cost of adequate X-ray examinations is expected to revolutionize case-finding. Persons can be sent for X-raying in large groups, inconvenienced only long enough for their X-ray examination, and only those persons recalled to clinic for a physical examination and for sputum studies who show abnormal shadows in the X-ray.

A screening clinic operating at the Eastern Health District will materially assist the work of the Health Department in East Baltimore and provide the means of X-raying both white and colored persons in mass survey work. The X-ray equipment for this clinic is similar to that ordered for the Druid Chest Clinic, and was also purchased by the Maryland Tuberculosis Association in November, 1941, though not in operation at the close of the year.

The waiting lists for sanatorium care that should result from the proposed program should make necessary a considerable increase in the number of beds in sanatoria, particularly for negro patients.

Improved Nursing Service

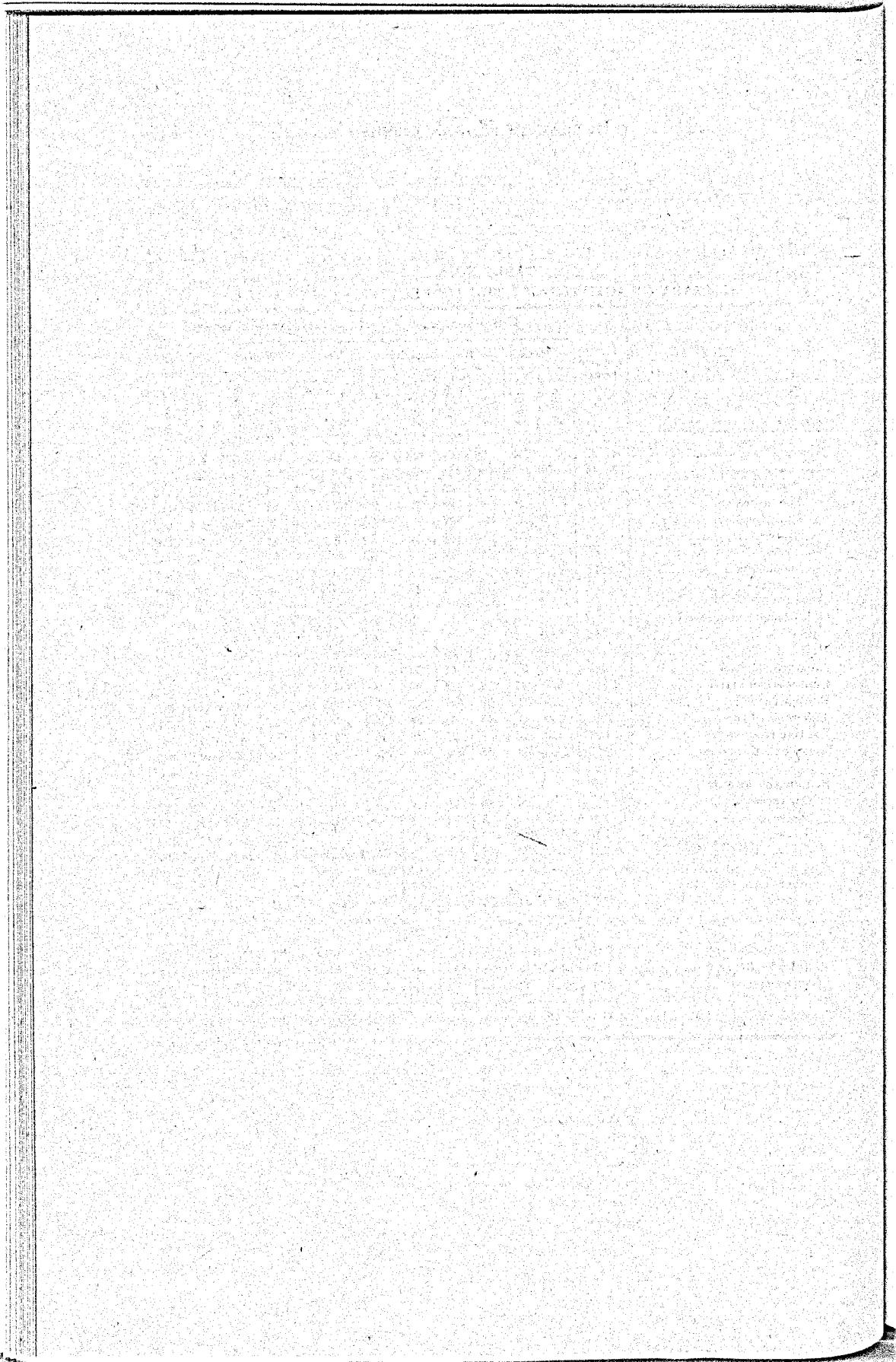
Besides an acknowledged need for considerable education and re-direction in making effective home visits on tuberculous patients and their families, the public health nursing service needs increased personnel, and its greatest need, so far as tuberculosis is concerned, is for more field nurses of the colored race. At the present time case loads are very unequal in various areas of the city, and in Druid Health Center where a great reservoir of tuberculosis is known to the Health Department, an average case-load of 85 tuberculosis cases per nurse is found. Additional colored nurses are imperative in this area and will constitute an important and highly essential part in the projected case-finding program.

Personnel

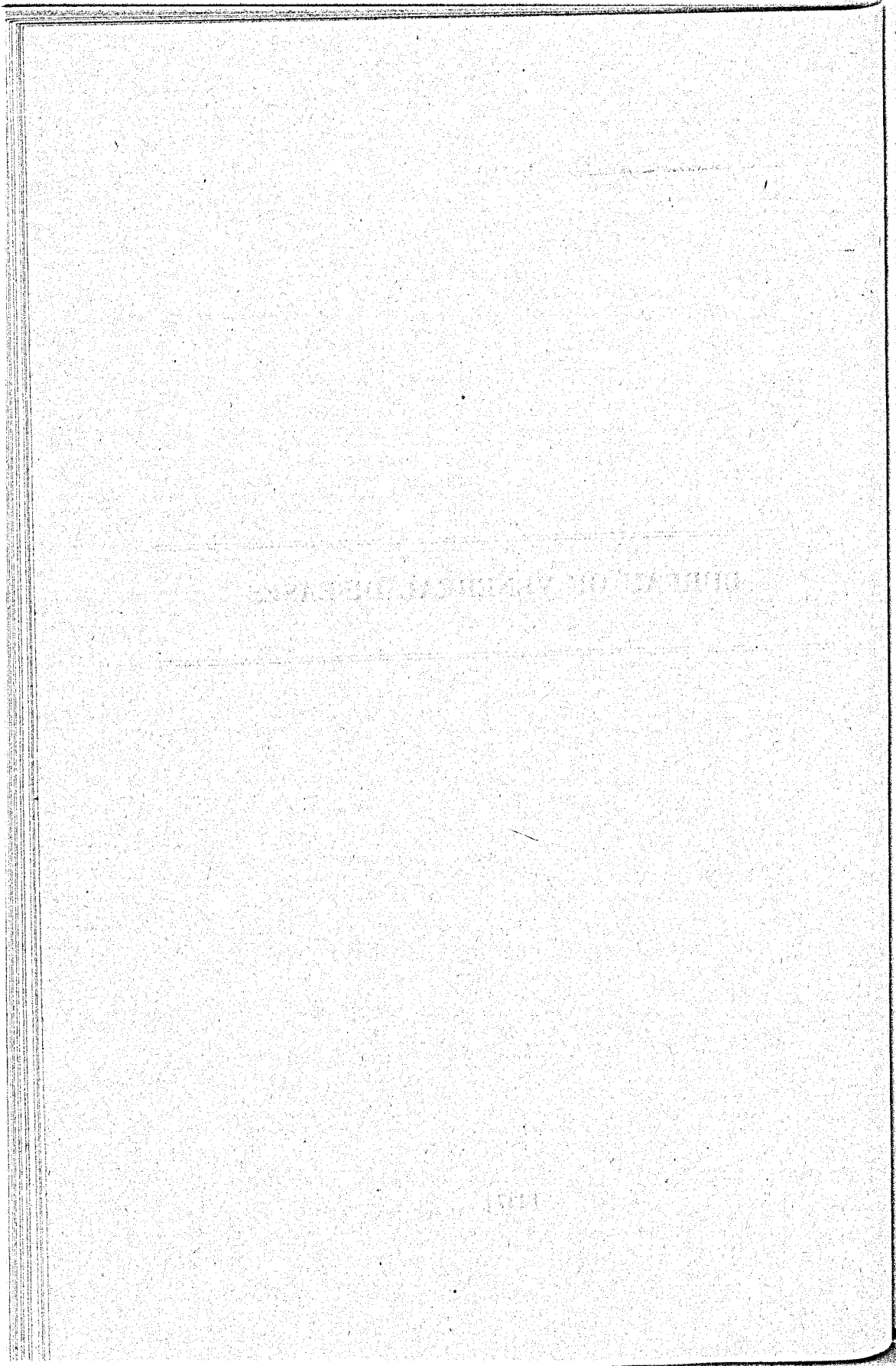
Miriam E. Brailey, M.D., M.P.H., Director
Theodore Cooper, M.D., Clinic Physician
Meyer W. Jacobson, M.D., Clinic Physician
Isidore I. Levy, M.D., Dispensary Physician
A. A. Weinstock, M.D., Health Officer
Dolores Thompson, Senior Stenographer

TABLE NO. 1
SUMMARY OF ACTIVITIES OF THE TUBERCULOSIS CLINICS—1941

GROUP	GRAND TOTAL	28 S. BROADWAY						1516 MADISON AVENUE					
		Total		White		Colored		Total		White		Colored	
		White	Colored	Male	Female	Male	Female	White	Colored	Male	Female	Male	Female
New patients examined.....	4,235	1,342	285	738	604	126	159	785	1,823	413	372	760	1,063
Adults.....	3,249	1,073	230	614	459	104	126	598	1,348	315	283	555	793
Positive.....	674	197	52	135	62	29	23	115	310	74	41	165	145
Suspicious.....	449	86	21	56	30	12	9	107	235	55	52	94	141
Negative.....	2,126	790	157	423	367	63	94	376	803	186	190	296	507
Children.....	986	269	55	124	145	22	33	187	475	98	89	205	270
Positive.....	169	19	6	9	10	4	2	29	115	11	18	46	69
Suspicious.....	17	3	1	3	...	1	...	4	9	4	...	2	7
Negative.....	800	247	48	112	135	17	31	154	351	83	71	157	194
Old patients diagnosed													
positive.....	55	12	2	9	3	...	2	11	30	6	5	6	24
Minimal lesions.....	463	83	23	54	29	11	12	98	259	52	46	109	150
Advanced lesions.....	435	145	37	99	46	22	15	57	196	39	18	108	88
Contacts examined.....	2,308	621	164	274	347	60	104	441	1,082	199	242	417	665
Return visits.....	6,246	1,909	350	932	977	162	188	1,139	2,848	553	586	1,107	1,741
Tuberculin tested.....	1,053	280	60	140	140	24	36	105	518	101	94	225	293
Positive reactors.....	394	129	25	54	75	15	10	77	163	33	44	119	141
X-ray examinations.....	6,092	1,858	381	955	903	159	222	1,194	2,659	571	623	1,049	1,610
Pneumothorax cases													
New cases.....	77	24	5	16	8	2	3	14	34	7	7	17	17
Old patients.....	110	35	4	13	22	2	2	34	37	13	21	12	25
Refills.....	3,627	1,125	303	497	628	137	166	978	1,221	312	666	452	769
X-rays.....	4,025	1,231	335	499	732	139	196	1,049	1,410	319	730	519	891
Number admitted to sanatoria.....	301	105	31	70	35	15	16	43	122	27	16	64	58
Referred by													
Physicians.....	2,361	906	138	518	358	61	77	503	814	281	222	343	471
Public health nurses.....	1,405	249	115	108	141	47	68	214	827	101	113	340	487
Other agencies.....	409	187	32	112	75	18	14	68	182	31	37	77	105
Total number of individuals...	4,570	1,663	333	918	745	140	193	904	1,870	472	432	778	1,092



BUREAU OF VENEREAL DISEASES



BUREAU OF VENEREAL DISEASES

Ferdinand O. Reinhard, M.D., M.P.H.

Director

The work of the Bureau of Venereal Diseases has been affected by the mustering of the armed forces for war. In the previous two years the reported number of syphilis cases had decreased but there was a decided increase in 1941. This was also true of the number of gonorrhea cases reported. These increases were accounted for by the discovery of new cases during the examination of Selective Service registrants and were also due to the fact that the population of Baltimore was enlarged with the expansion of war industries. Consequently more work was done in the City Health Department venereal disease clinics and more cases were referred to the clinics by local hospitals because of the shortage of physicians. The work in the office expanded in proportion and there were greater demands on the social workers for the follow-up of contacts and delinquent cases.

The burden of the additional work was also felt by the laboratory. There were 106,215 specimens of blood examined for syphilis as against 63,687 specimens during 1940. There were 30,586 specimens of blood examined from 27,675 Selective Service registrants. Of the white registrants, 1.7 per cent were found to be positive and 24 per cent of the specimens from colored registrants were positive.

Since January, 1941, persons with syphilis or gonorrhea who apparently acquired the disease in Baltimore were reported to the bureau by the Army, Navy and Marine Corps. In these groups there were 16 cases of syphilis, 2 cases of chancroid and 160 cases of gonorrhea reported.

Morbidity and Mortality

There were 7,838 cases of syphilis reported for the first time in 1941 as compared with 6,213 during 1940; and 2,941 cases of gonorrhea as compared to 2,369 cases in the preceding year. A total of 110 cases of chancroid, 8 cases of granuloma inguinale and 12 cases of lymphogranuloma was recorded in 1941. The total number of deaths from syphilis was 198.

Venereal Disease Clinics

During the year 3,075 new cases of syphilis were admitted to the city clinics as compared to 2,366 in 1940. Of these, 1,367 had not been previously treated by any clinic or private physician. Of these cases, 902 were infectious as compared with 752 infectious cases in 1940. The total

number of clinic visits was 121,822, an increase of 18,378. There was a corresponding increase in the number of treatments given with a total of 45,470 arsenical and 41,302 heavy metal injections for syphilis and 26,081 other treatments.

Epidemiology

The epidemiological investigations were made under the direct supervision of Dr. Ralph F. Sikes, Senior Medical Supervisor in the bureau. The data on contacts of all cases was sent to the central office as soon as obtained. When an investigation was considered necessary, cases were assigned to the social investigators who visited the contacts and urged them to have an examination as soon as possible. In this way, it was hoped to avoid unnecessary work and to apply extra effort to contacts of infectious cases.

Because of absences due to illness some of the clinics were not staffed by social workers during the entire year. One worker was granted leave of absence to join the United States Army and was only replaced after an interval of several months.

Table No. 4 shows the number of contacts of infectious cases which were discovered during the year. In spite of personnel difficulties, there were 95 new cases of syphilis found in 1941 as compared with 104 in 1940. The ratio of infectious contact cases to infectious original cases is 18:100 which is about the same as in 1940. Table No. 5 shows a comparison of results in contacts of infectious, early latent and late latent syphilis.

Besides contact investigation in Health Department clinics, much time was spent in following up contacts referred to the bureau by other agencies. The following table shows the number of these contacts and also shows that 23 cases of gonorrhea and 32 cases of syphilis, previously unreported, were found from these sources.

CONTACTS REFERRED BY OTHER AGENCIES

DIAGNOSIS OF ORIGINAL CASE	NUMBER REFERRED	NUMBER EXAMINED	NUMBER OF NEW CASES FOUND
Gonorrhea.....	98	54	23
Syphilis.....	118	77	32

Health Information

During the year talks were given to school and civic groups by the director of the bureau and members of the staff. There were 21,969 pamphlets distributed and 18,916 requests for information were handled. In addition, two broadcasts were presented in the "Keeping Well" radio

drama series. There were several newspaper articles published during the year. A health exhibit was shown during Negro Health Week and this material was loaned to Freedman's Hospital in Washington, D. C.

Personnel

Ferdinand O. Reinhard, M.D., M.P.H., Director
Ralph F. Sikes, M.D., M.P.H., Senior Medical Supervisor
William Berkley Butler, M.D., Health Officer
G. Raynor Browne, M.D., Health Officer
Earle P. Clemson, M.D., Health Officer
Harris Goldman, M.D., Health Officer
Albert L. Laforest, M.D., Health Officer
George C. Page, M.D., Health Officer
J. Douglass Shepperd, M.D., Health Officer
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Charles D. Lee, M.D., Clinic Physician
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Elsie S. Brown, Social Worker
William P. Duffy, Social Worker
T. Evans Fernandis, Jr., Social Worker
Reginald F. Jefferson, Social Worker
Mildred I. Purnell, Social Worker
M. Alice Saxton, Social Worker
Mattie May Gwynn, Senior Stenographer
Beatrice Kravetz, Senior Stenographer
C. Richard Martin, Jr., Senior Stenographer
Rena McKelvey, Junior Stenographer
Anna M. Schmidt, Junior Stenographer
Eugene A. Briscoe, Clinic Clerk
George D. Clark, Clinic Clerk
James P. Lynch, Jr., Clinic Clerk
Mildred V. Robinson, Clinic Clerk
Leo M. White, Clinic Clerk
Rosalie Krause, Junior Clerk
William B. Lucas, Janitor

TABLE NO. 1
RESIDENT DEATHS ATTRIBUTABLE TO SYPHILIS, BY COLOR—1937-1941

CAUSE OF DEATH CERTIFIED	1941			1940			1939			1938			1937		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
Total	198	62	136	219	84	135	329	94	235	316	104	212	324	118	206
Syphilis under one year of age.....	4	..	4	5	1	4	6	1	5	18	5	13	6	2	4
General paralysis of the insane.....	55	14	41	53	15	38	51	15	36	31	10	21	44	27	17
Tabs dorsalis.....	1	1	..	7	5	2	4	4	..	1	1	..	8	7	1
Aneurysm of the aorta.	46	15	31	48	25	23	16	13	3	6	5	1	3	3	..
Other forms of syphilis.	92	32	60	106	38	68	252	61	191	260	83	177	263	79	184

TABLE NO. 2
REPORT OF VENEREAL DISEASE CLINICS FOR 1941

	SYPHILIS					GONORRHEA	CHANCROID	GRANULOMA INGUINALE	LYMPHOGRANULOMA
	Primary and Secondary	Early Latent	Late and Late Latent	Congenital	Stage Not Stated				
1. Total New Cases Admitted.....	495	1,207	1,083	289	1	1,595	188	15	6
(a) Not previously treated by any clinic or private physician.....	332	570	434	31	..	1,309	159	10	5
(b) Previously treated by a clinic or private physician.....	155	608	624	110	1	161	14	3	1
(c) No information as to previous treatment.....	8	29	25	148	..	125	15	2	..
2. Average monthly patient load.....	746	1,271	1,331	143	27	206	65	19	3

TABLE NO. 3
CONSOLIDATED SOCIAL SERVICE REPORT—1937-1941

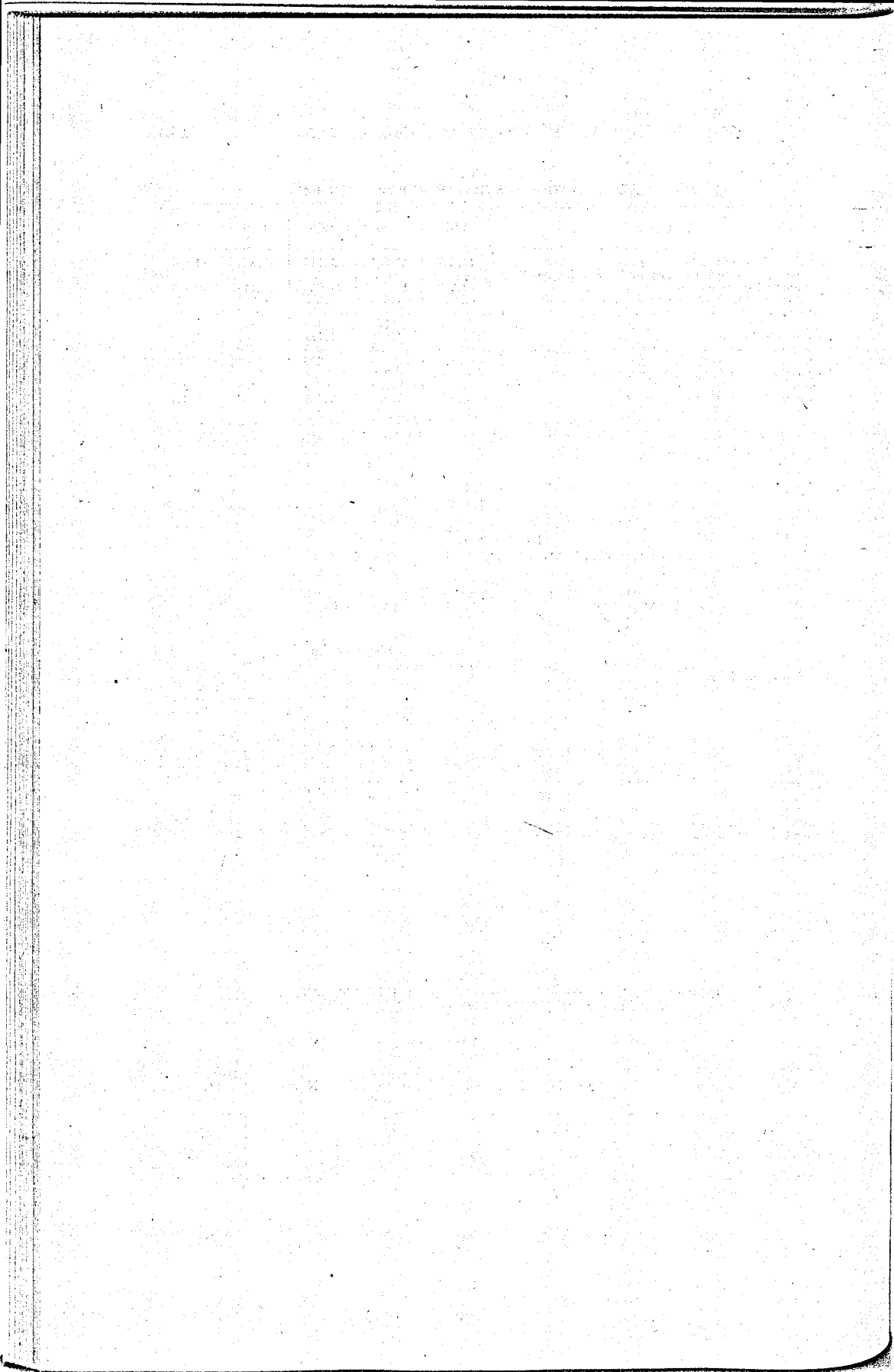
ACTIVITIES	1941	1940	1939	1938	1937
Number of visits made during year.....	17,647	17,954	17,117	17,345	14,094
Number of patients referred to Health Department venereal disease clinics.....	12,200	11,738	11,925	10,419	10,473
Number of returns among patients so referred.....	7,675	7,433	6,216	6,393	6,957
Number of patients referred to other clinics or private physicians.....	863	774	1,169	872	660
Moved, not located.....	1,395	1,028	1,721	1,958	1,492
False addresses.....	769	733	809	779	578
Left city.....	272	210	335	366	304
Visits of cooperation to other agencies.....	140	380	98	76	125
Summons.....	335	209	273	168	232
Number of hours spent in clinics.....	2,573	3,029	2,589	2,547	2,321

TABLE NO. 4
CONTACT INVESTIGATION OF INFECTIOUS CASES

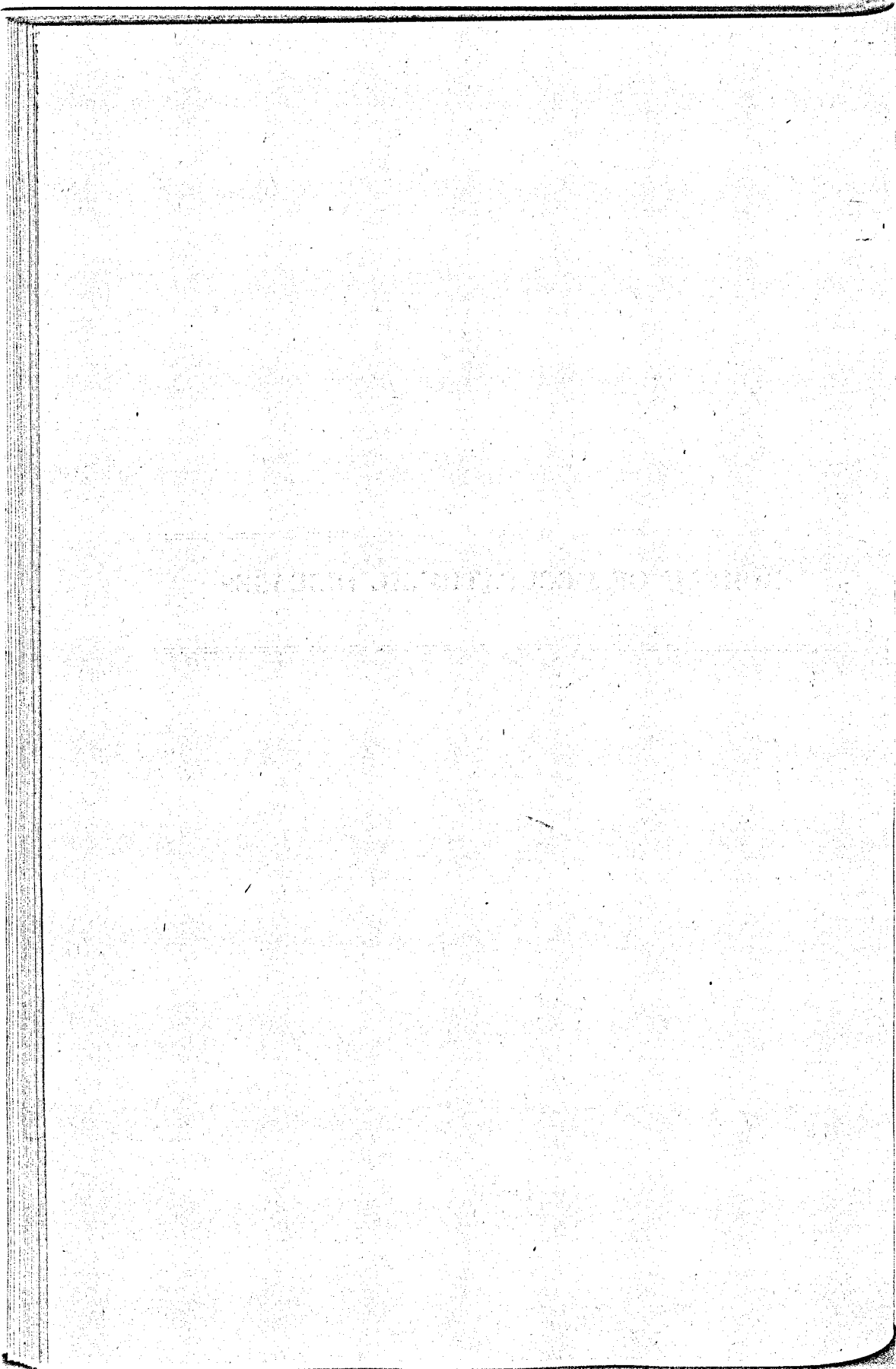
RACE AND SEX	DATA ON ORIGINAL CASES		NUMBER OF CONTACTS NAMED	DATA ON CONTACTS						RATIO	
	Number	Number Naming Contacts		Diagnostic Classification						Number of Infectious Contact Cases to 100 Original Cases	Number of Infectious and Latent Contact Cases to 100 Original Cases
				Number Examined	Infectious Syphilis	Latent Syphilis	Syphilis Known Previously	Nonsyphilitic	Total New Cases		
Total.....	259	234	267	187	48	47	31	61	95	19	41
Colored male.....	171	148	162	105	26	28	19	32	54	15	32
Colored female.....	88	86	105	82	22	19	12	29	41	25	46

TABLE NO. 5
COMPARISON OF RESULTS OF CONTACT INVESTIGATION
BY STAGE OF DISEASE OF ORIGINAL CASE

ORIGINAL CASES		INFECTIOUS CASES FOUND		TOTAL NEW CASES FOUND	
Diagnosis	Number	Number	Number per 100 Original Cases	Number	Number per 100 Original Cases
Infectious.....	259	48	18.5	105	40.6
Early latent.....	358	10	2.8	78	21.8
Late latent.....	324	..	..	27	8.3



BUREAU OF OCCUPATIONAL DISEASES



BUREAU OF OCCUPATIONAL DISEASES

John M. McDonald, M.D., D.P.H.

Director

In accordance with a request made in 1940 by the Division of Industrial Hygiene of the U. S. Public Health Service, priority of services of the Bureau were given to industrial hygiene problems which arose in industries engaged in manufacturing materials essential to national defense. As the year progressed it was evident that an increased number of industries were giving time to the production of goods for military and naval needs.

Education

During the year the U. S. Public Health Service sent a number of reserve officers to the bureau for instruction. One physician spent four weeks, another eight weeks and a nurse spent one week in the bureau observing its procedures and taking part in the program. In addition, several other medical officers were given special instruction and demonstrations in industrial hygiene. A physician from the Rockefeller Foundation spent two weeks in the bureau and two others received brief instructions.

The bureau printed a pamphlet entitled "Occupational Disease Control." In cooperation with the Bureau of Environmental Hygiene, a booth was furnished at the First Maryland State-Wide Safety Conference held in Baltimore on May 19 and 20.

Studies in Progress

A study of the effects of selenium on the human body was begun. Some attention was given to problems connected with the safe use of radium paint for the dials of instruments. A medical and engineering survey was completed in two plants manufacturing insecticides and an ethylene dichloride hazard was investigated.

Considerable time was devoted to an effort to have chest X-rays made of employees in a local industrial plant. It is hoped that this procedure will be widely extended in the near future and put on a firm basis for repetition at annual or biennial intervals. In the meantime the technical and administrative difficulties surrounding this problem have been only partially solved. It is the feeling of the director of the bureau that the work should be paid for by the industry concerned but as yet no practical working plan has been evolved.

Meetings Attended

The director attended the Fourth Annual Meeting of the National Conference of Governmental Industrial Hygienists held in Washington, D. C., in February. Three days were spent at the Second Annual Meeting of the American Industrial Hygiene Foundation held in Pittsburgh in May. Two days were spent at the 70th Annual Meeting of the American Public Health Association held in Atlantic City in October.

Cases Reported

The reporting of occupational diseases increased from 37 cases in 1940 to 65 in 1941. Cases officially reported to the department in 1941 were as follows:

OCCUPATIONAL DISEASES REPORTED

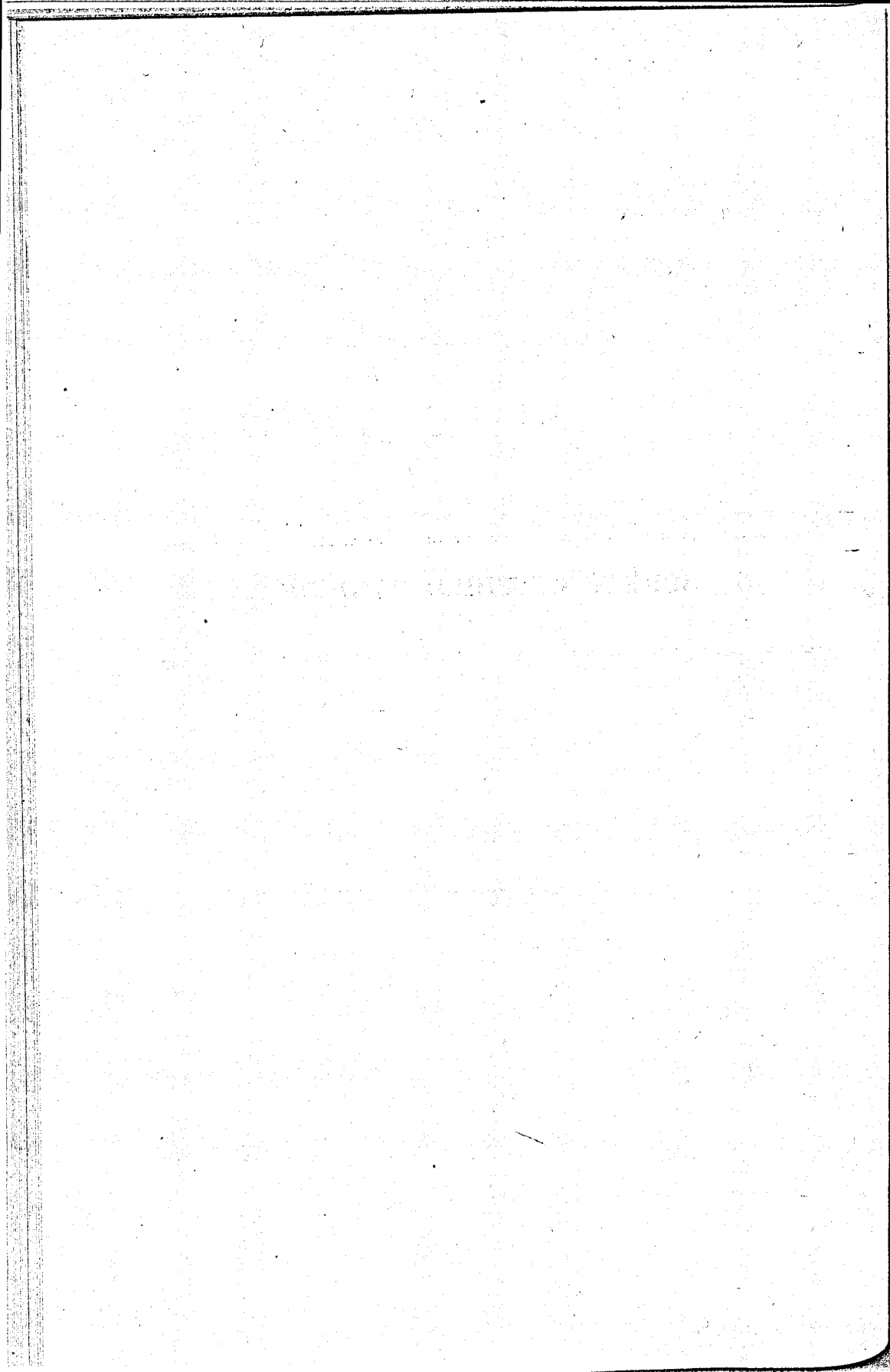
DIAGNOSIS	1940	1941
Dermatitis.....	21	41
Tenosynovitis.....	7	5
Lead poisoning.....	3	3
Poison ivy.....	3	5
Silicosis.....	2	3
*Byssinosis.....	1	
Carbon monoxide poisoning.....		3
Myositis.....		3
Tuberculo-silicosis.....		1
Pneumoconiosis.....		1
Total.....	37	65

* Not recognized as an occupational disease under the Maryland Law.

Personnel

John M. McDonald, M.D., D.P.H., Director
Selma Aebli, Senior Stenographer

BUREAU OF CHILD HYGIENE



BUREAU OF CHILD HYGIENE

William K. Skilling, M.D.

Director

The maternal and infant mortality rates increased during the year 1941. The number of births increased approximately 17 per cent over the previous year and in the same period there developed an acute shortage of maternity hospital beds and nurses. The resident maternal mortality rate was 2.3 per 1,000 live births as compared to 2.0 in 1940. The infant mortality rate for 1941 was 49.6 per 1,000 live births as compared with 46.7 in 1940. The number of deliveries made by midwives increased very slightly from 2.0 per 1,000 live births in 1940 to 2.1 in 1941. In spite of the handicaps under which the hospitals operated 79.9 per cent of the births which occurred in Baltimore were in hospitals, the same percentage as in 1940.

The maternity hygiene service was considerably affected by an acute shortage of nurses at the Baltimore City Hospitals as well as at all other institutions conducting maternity hospitals in Baltimore. This situation resulted in a decrease in the number of new patients registered at the Health Department prenatal clinics.

The Physicians' Conference on Maternal Mortality conducted by the City Health Department and City Medical Society Joint Committee on Maternal Mortality, was held each month throughout the year. These conferences at the Medical and Chirurgical Faculty Building gave the physicians of the city an opportunity to study the causes of maternal mortality, and to separate the preventable from the non-preventable deaths.

The total registration in the infant and preschool hygiene clinics was 13,127. There was a large increase in the number of white infants brought to the City Health Department clinics because of the transfer of the three clinics from the Babies Milk Fund Association. However, the increase in the clinic registrants was not as great as anticipated and this was due perhaps to improved economic conditions among war worker groups in the city's population. The total number of 35,628 clinic visits was 5,206 more than in the previous year. The average clinic attendance for each white infant was 2.92, and 2.58 for each colored infant.

Public Health Nursing Activities

The disposition of *Records of Child Under Six Years* forwarded to the Bureau of Public Health Nursing in 1941 as compared with 1940 is shown in the following tabulation:

NEONATAL RECORDS ASSIGNED		
	1941	1940
Neonatal records, received, total.....	19,135	16,192
Assigned for visitation, or mailing of notification of birth	19,091	16,112
Basis of assignment of neonatal cases for visitation:		
On telephone calls to physicians:		
Cases to be visited.....	1,236	1,064
Cases not to be visited.....	1,233	1,069
On physicians' statement on birth certificate or previous telephone call:		
Cases to be visited.....	11,548	9,962
Cases not to be visited.....	5,065	4,015
Telephone calls to physicians.....	1,358	2,118
Cases assigned for diphtheria prevention visits.....	11,587	9,976

Ophthalmia Neonatorum

The Health Department service for the care of cases of infected eyes in infants was continued during 1941. The Health Officers of the Western and Southeastern Health Districts were responsible for this service in their respective districts. The cases were reported by public health nurses, nurses of nonofficial organizations and midwives. When there was a family physician in the case, it was brought to his attention by the director of the bureau. Other cases were assigned to the service provided by the City Health Department and included home visits to the infants by a Health Department physician and frequent visits by the public health nurses specially trained to instruct the parent and demonstrate the treatment for the care of the babies' eyes. When possible, smears were made of the discharge from the eyes and the smears were then sent to the Bureau of Laboratories for examination. One severe case was admitted to Sydenham Hospital. A summary of the activities of the Bureau of Child Hygiene in the care of ophthalmia neonatorum cases is given in the following tabulation:

	1941	1940
Cases reported to Bureau of Child Hygiene.....	316	402
Cases assigned to Health Department service.....	228	217
Total visits by public health nurse.....	1,185	1,393
Average number of visits per case.....	5.1	5.1
Number of smears made.....	93	141
Number of smears showing gram-negative intracellular diplococci.....	5	9
Cases in which prophylactic was said to have been used.....	197	194
Cases sent to hospital for treatment.....	1	5

Unreported Births

When no certificate of birth could be found for a baby born in Baltimore, efforts were made by the bureau to secure the complete natal history from

the parents and have a certificate placed on file in the Bureau of Vital Statistics. In 1941 there were fifteen delayed birth reports so verified and placed on record in the Bureau of Vital Statistics. There was included in this group one birth each that had occurred in the years of 1935, 1936, 1938, 1939; nine in 1940 and two in 1941.

Birth Registration Records

The following table shows the disposition of notifications of birth registration:

	1941	1940
Notifications of birth registration mailed.....	6,463	5,143
Residents.....	2,929	2,404
Non-residents (Maryland).....	3,409	2,660
Non-residents (other States).....	125	79
Notifications of birth registration delivered.....	12,784	11,026
Corrections on notifications of birth registrations.....	6,147	5,133

Infant and Preschool Hygiene Clinics

At the close of 1941 the Bureau of Child Hygiene was operating twenty-five infant and preschool hygiene clinics with a total of forty-one sessions each week. On March 1, the well baby clinics of the Babies' Milk Fund Association operated in Public Schools No. 2, 6 and 76 were taken over by the Bureau of Child Hygiene in accordance with the plan to transfer one-tenth of the clinics of the Association to the Health Department each year. This transfer, the first annual event in a series of ten, made it necessary to add two nurses to the staff of the Bureau of Public Health Nursing and two clinic physicians to the staff of the Bureau of Child Hygiene. A new infant and preschool hygiene clinic for colored children was established on June 26 in Public School No. 156 located at Puget Street near Harmon Avenue. It was possible to provide this service on alternate Thursdays by using the staff assigned to the clinic in Public School No. 225 and reducing the number of weekly sessions in that clinic to alternate Thursdays. An additional weekly session was added to the clinic for colored children in Public School No. 116A to absorb the weekly session formerly held in Public School No. 129. This was made necessary by the razing of Public School No. 129 to make way for the erection of a new white housing project.

Oleum percomorphum was substituted for cod liver oil in the prevention and cure of rickets and dispensed without charge in each of the Health Department clinics. This change was necessary because cod liver oil could no longer be purchased in bulk.

Diphtheria Prevention

Special clinics for the prevention of diphtheria and smallpox were conducted in connection with the outings of the Free Summer Excursion Society. There were 114 inoculations of toxoid and 32 smallpox vaccinations made at these clinics. In addition to the scheduled clinics of the bureau, 1,440 children registered in the well baby clinics of the Babies Milk Fund Association were inoculated with 1 c.c. of alum-precipitated toxoid as compared with 1,701 children in 1940. Private physicians reported that they had inoculated 5,300 in their private practice. The following is a summary of the number of inoculations against diphtheria and vaccination for smallpox:

	1941	1940
Children inoculated at clinics.....	7,880	6,789
Children vaccinated at clinics.....	8,327	6,979

Licensed Children's Institutions

In June and July of 1941 about one hundred and ten of the boarding homes of the Henry Watson Children's Aid Society were turned over to the Department of Public Welfare of Baltimore. The licenses issued by the Commissioner of Health for sixty-seven of these homes expired between June, 1941 and December 31, 1941. These licenses were not renewed as Department of Public Welfare homes are exempt from license by the Commissioner of Health in accordance with Chapter 334 of the Act of the General Assembly of Maryland of 1906 and the Baltimore City Ordinance No. 984, approved May 6, 1930. Due to this transfer of homes only 311 homes were licensed in 1941 compared with 408 in 1940. The Department of Public Welfare has established the policy of requesting the Bureau of Child Hygiene to make inspections of all of their new homes before placing children in them.

About 293 children were in the group of city homes taken over by the Department of Public Welfare. These children formerly were visited at regular intervals and weighed by a public health nurse from the City Health Department. Upon the request of the Department of Public Welfare, visits to these children by a public health nurse were discontinued.

Licenses were issued to five day nurseries and thirty-six nursery schools which is the same number issued in 1940. Nine child-caring institutions in Baltimore were inspected for the State Department of Public Welfare in accordance with the Requirements Governing Child-Caring Institutions in Baltimore City. Reports of these institutional inspections were sent to the Departments of Public Welfare of the State and the City and to the superintendents of the institutions.

No child died in any licensed boarding home supervised by the Health Department.

Maternity Hygiene

There were 1,702 patients delivered at the Baltimore City Hospitals who had received prenatal care at the Health Department clinics. These prenatal clinics were held thirteen times each week at eight locations in various parts of the city. Two deaths occurred among these registered patients and the maternal mortality rate for this group was 1.2 per 1,000 live births. There were 131 new cases referred by midwives to the Health Department clinics for prenatal care.

Maternal Mortality

The following are histories of the two patients registered with the Division of Maternity Hygiene who died:

MATERNAL DEATHS

1. Health Department Registration No. 10,710: Bronchopneumonia Due to Freidlander's Bacillus Sepsis.

Age 43, colored, multipara in her eighth pregnancy (para 6-0-1-6), serologic test for syphilis negative, pelvis normal, estimated date of confinement December 15, 1940. The patient's past history and prenatal course were uneventful until several days before admission to the hospital when she contracted an upper respiratory infection. Patient fell into labor spontaneously on December 25, 1940 and on admission her temperature and respiration were normal and she had insufficient labor pains. After a total labor of 67 hours with only 7 hours in which sufficient progress was made, patient delivered spontaneously of a full-term living female child weighing 9½ pounds on December 28, 1940. Patient received gas and oxygen anaesthesia for about two minutes so that an episiotomy might be done; the delivery and repair were done under local anaesthesia. Following delivery patient ran a low grade temperature for the first two days developing a productive cough. On the third day postpartum a blood culture showed a heavy growth of Freidlander's bacillus; lochia was very foul from the second postpartum day and uterus was quite boggy. On the third postpartum day sulfathiazole was started because of the physical findings of bronchopneumonia. Patient was placed in an oxygen tent and on the sixth postpartum day sulfathiazole was discontinued because of the marked drop in the patient's white blood count and the rising N.P.N. Her temperature remained hectic in type and the consolidation became more confluent with the passing days. On the fifteenth postpartum day with the pneumonia confluent to the point of being a lobar pneumonia bilaterally; with the endometritis still present and a grossly infected urine, the patient was transferred to the medical service. Repeated blood cultures showed the Friedlander's bacillus infection. Patient continued to run a febrile course and in spite of all therapy, patient died on the seventeenth postpartum day of bronchopneumonia and

uremia. This death was due to bronchopneumonia resulting from Friedlander's bacillus sepsis.

2. Health Department Registration No. 12,009: *Pneumococcus Septicaemia* and *Peritonitis*.

Age 28, colored, multipara, in her fifth full time pregnancy (para 4-0-0-4), serologic test for syphilis negative, normal pelvis, past history negative. Prenatal course was uneventful and estimated date of confinement was October 19, 1941. After a total labor of 11 hours, patient delivered spontaneously under gas and oxygen anaesthesia of a full-term living female child weighing 7½ pounds. Her postpartum course of nine days in the hospital was uneventful with the temperature never rising above 99 and pulse never above 88. Lochia was normal throughout and she was discharged on the ninth day postpartum well. Patient continued apparently well until the thirty-fourth postpartum day when she developed abdominal pain, diarrhea, chills and fever. On the thirty-seventh postpartum day, patient consulted her family physician and it was found that she had a temperature of 103, pulse 110 with some changes in the right mid lung. Patient was referred to the hospital at this time and admitted on the medical service. On her admission temperature was 104; patient was dyspneic and complained of pain in the lower abdomen. She was given intravenous fluids and placed on sulfathiazole, but in spite of therapy the patient died on the thirty-eighth postpartum day. Blood cultures revealed pneumococcus type 5; peritoneal culture revealed pneumococci.

Maternity Hospitals

The following tabulation gives a summary of the maternity hospitals inspected and licensed in 1941:

Licensed as of December 31, 1941.....	19
New licenses issued.....	0
Relicensed.....	19
Licenses held in abeyance.....	0
Inspected.....	19
Discontinued.....	1

Midwives

No licenses to practice were issued to midwives in Baltimore in 1941.

Personnel

William K. Skilling, M.D., Director
 Mary C. Willis, M.D., Assistant Director
 M. Alexander Novey, M.D., Chief, Division of Maternity Hygiene
 John M. Haws, M.D., Health Officer
 Isadore Siegel, M.D., Health Officer
 W. Allen Deckert, M.D., Health Officer
 Hugh B. McNally, M.D., Health Officer
 Walter E. Grempler, M.D., Health Officer

J. W. V. Clift, M.D., Health Officer
Harry F. Brown, M.D., Health Officer
Albert Jaffe, M.D., Health Officer
Meyer Miller, M.D., Health Officer
Albert Scagnetti, M.D., Health Officer
Manes S. Hecht, M.D., Health Officer
Ella B. M. Cohen, Senior Stenographer
Catherine C. Lilley, Junior Stenographer
Edna Mae Webb, Junior Stenographer
Lillian Marley, Junior Typist
Hannah E. Schneider, Junior Typist
Mary A. Atkins, Statistical Clerk
Ida S. Blum, Junior Clerk
Josephine Roemer, Addressograph Operator

TABLE NO. 1
REPORT OF INFANT AND PRESCHOOL HYGIENE CLINICS

CLINIC	CHILDREN ON REGISTER JAN 1, 1941		NEW CHILDREN REGISTERED DURING 1941		TOTAL CHILDREN REGISTERED DURING 1941		CHILDREN ON REGISTER DEC. 31, 1941		CLINIC VISITS			
									Return		Total	
	Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.
ALL CLINICS.....	4,067	5,405	3,309	344	7,378	5,749	4,376	5,050	20,169	11,806	23,478	12,150
WHITE												
Total White Clinics	1,804	1,793	1,116	147	2,922	1,940	1,997	1,753	8,084	4,877	9,200	5,024
Public School No. 86.....	125	7	92	2	217	9	166	33	780	368	872	370
Public School No. 60.....	255	150	157	47	412	197	295	114	1,011	493	1,168	540
Public School No. 65.....	138	86	118	18	258	104	170	90	929	393	1,047	411
2817 Oakley Avenue.....	180	308	119	17	308	325	204	300	1,284	867	1,403	884
Public School No. 225.....	79	3	19	3	97	6	89	1	83	59	101	62
Public School No. 220.....	114	167	36	3	150	170	131	178	326	260	362	263
Public School No. 68.....	149	101	50	5	199	106	165	80	421	365	471	370
University of Maryland....	90	100	128	3	218	103	89	106	413	244	541	247
Public School No. 98.....	273	113	123	12	396	125	298	76	901	430	1,024	442
Public School No. 6.....	168	329	120	22	288	351	199	380	780	353	900	375
Public School No. 76.....	55	224	45	3	100	227	27	212	556	629	601	632
Pratt Library, Br. 12.....	100	151	102	10	202	161	90	46	537	389	639	399
Pratt Library, Br. 11.....	69	54	8	2	77	56	74	137	63	27	71	29
COLORED												
Total Colored Clinics	2,263	3,612	2,193	197	4,456	3,809	2,379	3,306	12,085	6,929	14,278	7,126
Public School No. 140.....	64	204	97	18	161	222	74	290	498	281	595	299
Public School No. 176.....	211	419	344	13	555	432	272	292	1,633	922	1,877	935
Public School No. 6.....	4	14	13	14	17	28	9	14	19	8	32	22
Metropolitan Church.....	307	532	366	24	673	556	318	549	2,070	1,091	2,436	1,115
Public School No. 122.....	227	399	342	7	569	406	289	422	1,695	685	2,037	692
Douglass High School.....	228	547	226	25	454	572	282	644	1,142	748	1,368	773
Public School No. 106.....	216	80	103	19	319	99	116	164	381	242	484	261
Public School No. 104.....	161	469	108	7	269	496	159	117	806	344	914	351
University of Maryland....	126	255	230	15	356	270	178	256	945	600	1,175	615
Druid Health Center.....	155	375	111	21	266	396	284	448	1,108	690	1,219	711
Pratt Library, Br. 11.....	60	37	29	5	89	42	69	62	225	93	254	98
Public School No. 156.....	5	2	16	11	21	13	17	14	47	132	63	143
Public School No. 116A ...	499	259	208	18	707	277	314	34	1,518	1,093	1,724	1,111

TABLE NO. 2
SUMMARY OF THE ACTIVITIES OF SUPERVISION OF BOARDING HOMES, DAY NURSERIES,
NURSERY SCHOOLS AND CHILDREN'S INSTITUTIONS—1941

LICENSES AND VISITS	BOARDING HOMES	DAY NURSERIES AND NURSERY SCHOOLS	CHILDREN'S INSTITUTIONS
Total licensed.....	311	41	0
White.....	258	35	0
Colored.....	53	6	0
New licenses issued.....	58	4	0
White.....	48	3	0
Colored.....	10	1	0
Homes reopened.....	11	1	0
White.....	11	1	0
Colored.....	0	0	0
Visits.....	2061	149	56
By assistant director.....	204	57	10
By nurse.....	1857	92	46

SUMMARY OF CHILDREN IN LICENSED BOARDING HOMES—1941

AGE	TOTAL DURING YEAR			REMAINING DECEMBER 31, 1941		
	Total	White	Colored	Total	White	Colored
All Ages.....	1196	890	306	472	381	91
Birth to 6 months.....	9	8	1	5	4	1
6 months to 1 year.....	22	15	7	11	8	3
1 to 2 years.....	31	24	7	17	12	5
2 to 3 years.....	39	27	12	17	12	5
3 to 6 years.....	144	81	63	71	35	36
6 years and over.....	951	735	216	351	310	41

**BOARDING HOMES, NURSERY SCHOOLS AND INSTITUTIONS REFERRED TO BUREAU
FOR SUPERVISION AND NEW CHILDREN PLACED IN BOARDING HOMES IN 1941**

ORGANIZATIONS	HOMES REFERRED	NURSERIES REFERRED	INSTITUTIONS REFERRED	NEW CHILDREN PLACED
All Organizations.....	148	11	5	229
Babies' Milk Fund Association.....	1	0	0	0
Baltimore County Children's Aid Society.....	3	0	0	3
Baptist Children's Society.....	3	0	0	1
Bureau of Catholic Charities.....	19	0	0	45
Bureau of Communicable Disease.....	0	1	0	0
Bureau of Public Health Nursing.....	4	0	0	0
Children's Home of Baltimore.....	8	0	0	5
Church Mission of Help.....	1	0	0	0
Department of Public Welfare.....	19	0	0	0
Druid Health Center.....	3	0	0	0
Eastern Health District.....	1	0	0	0
Family Welfare Association.....	3	0	0	0
Florence Crittendon Mission.....	4	0	0	0
Henry Watson Children's Aid Society.....	38	0	0	96
Jewish Family and Children's Bureau.....	19	0	0	15
Maryland Children's Aid Society.....	5	0	0	4
Private Individuals.....	11	7	0	59
State Department of Public Welfare.....	1	3	5	1
The Sun.....	5	0	0	0

TABLE NO. 2—Continued

SUMMARY OF CASES OF COMMUNICABLE DISEASES IN LICENSED DAY NURSERIES AND NURSERY SCHOOLS, TOGETHER WITH AVERAGE MONTHLY ENROLLMENT AND AVERAGE DAILY ATTENDANCE IN 1941

ENROLLMENT AND DISEASE	DAY NURSERIES			NURSERY SCHOOLS		
	Total	White	Colored	Total	White	Colored
Average monthly enrollment						
Winter months.....	278	186	92	804	652	152
Summer months.....	291	206	85	411	265	146
Average daily attendance						
Winter months.....	199	126	73	637	515	122
Summer months.....	203	143	60	337	220	117
Communicable diseases	30	30	0	288	231	57
Chickenpox.....	9	9	0	70	66	4
German measles.....	8	8	0	92	79	13
Impetigo contagiosa.....	0	0	0	2	2	0
Influenza.....	0	0	0	8	7	1
Measles.....	8	8	0	49	34	15
Mumps.....	1	1	0	40	24	16
Scarlet fever.....	0	0	0	3	2	1
Tonsillitis.....	0	0	0	2	2	0
Whooping cough.....	4	4	0	22	15	7

TABLE NO. 3
REPORT OF PRENATAL CLINICS

CASES AND VISITS	GRAND TOTAL	ALL CLINICS		DRUID HEALTH CENTER	914 W. 36th STREET		SOUTH BALTIMORE GENERAL HOSPITAL		PUBLIC SCHOOL No. 99	SOUTH- EASTERN HEALTH Dist.	PUBLIC SCHOOL No. 220	WOM- EN'S HOSP- ITAL	EASTERN HEALTH DISTRICT	
		White	Colored		White	Colored	White	Colored					White	Colored
Cases carried over from 1940.....	541	189	352	293	16	10	37	64	32	61	12	7	24	49
New cases admitted.....	1,542	545	997	725	52	54	55	69	69	146	65	60	98	218
Transferred from other clinics.....	5	3	2	0	1	0	1	0	0	0	0	0	1	2
Total case load.....	2,088	737	1,351	1,018	69	64	93	101	101	207	77	67	123	269
DISCHARGED CASES														
Total.....	1,817	685	1,132	830	67	64	87	97	97	182	77	67	108	238
Not pregnant.....	16	3	13	13	0	0	0	1	1	1	0	1	0	0
Delivered in hospital.....	1,702	628	1,074	764	60	63	83	87	87	168	65	66	99	227
Delivered at home.....	21	6	15	13	1	0	1	0	0	1	1	0	2	2
Transferred.....	73	45	28	18	6	1	3	9	9	12	8	0	7	9
Transferred to other clinics.....	5	3	2	2	0	0	0	0	0	0	3	0	0	0
Cases carried over to January 1942.....	271	52	219	188	2	0	6	4	4	25	0	0	15	31
CLINIC VISITS														
Total.....	11,845	4,226	7,619	5,765	378	297	435	566	566	1,358	403	397	639	1,557
Antepartum.....														
First visits.....	1,542	545	997	725	52	54	55	69	69	146	65	60	98	218
Revisits.....	8,748	3,158	5,590	4,407	294	221	346	435	435	1,016	290	289	488	962
Postpartum.....														
Registered.....	794	268	526	318	17	11	17	35	35	99	25	24	51	197
Infants, neonatal.....	761	255	506	315	15	11	17	27	27	97	23	24	52	180
ANALYSIS OF NEW CASES														
Duration of pregnancy.....	5	2	3	3	0	0	0	0	0	1	0	1	0	0
Not pregnant.....	21	10	11	9	0	0	0	0	0	2	0	1	1	2
Under 12 weeks.....	265	142	123	95	19	6	13	17	17	48	13	9	23	22
12-23 weeks.....	338	152	186	120	11	15	20	28	28	39	12	11	31	48
24-27 weeks.....	263	86	177	119	7	10	9	10	10	22	9	7	22	48
28-31 weeks.....	355	102	253	195	12	8	14	9	9	19	19	21	11	51
32-35 weeks.....	295	51	244	184	3	9	5	3	3	15	5	10	10	51
36 weeks and over.....														

• Baltimore City Hospitals.

TABLE NO. 4
REPORT OF MIDWIFE CASES SEEN IN PRENATAL CLINICS

CASES AND VISITS	GRAND TOTAL	ALL CLINICS		DRUID HEALTH CENTER		914 W. 36TH STREET		SOUTH BALTIMORE GENERAL HOSPITAL		PUBLIC SCHOOL No. 99		SOUTH- EASTERN HEALTH DIST.		PUBLIC SCHOOL No. 220		WOMEN'S HOSPI- TAL		EASTERN HEALTH DISTRICT	
		White	Colored	Colored	White	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored
Cases carried over from 1940.....	27	5	22	15	2	0	0	1	1	0	0	1	0	0	0	1	7	0	7
New cases admitted.....	131	8	123	18	2	0	4	3	2	0	4	2	0	0	0	1	101	1	101
Total case load.....	158	13	145	33	4	0	4	4	3	0	4	3	0	0	0	1	108	1	108
DISCHARGED CASES																			
Total.....	84	7	77	26	4	0	0	2	1	0	0	1	0	0	0	0	51	0	51
Delivered by midwife.....	71	7	64	19	4	0	0	2	1	0	0	1	0	0	0	0	45	0	45
Transferred.....	5	0	5	3	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
Not pregnant.....	8	0	8	4	0	0	0	0	0	0	0	0	0	0	0	0	4	0	4
Cases carried over to January, 1942.....	74	6	68	7	0	0	4	2	2	0	4	2	0	0	1	1	57	1	57
CLINIC VISITS																			
Total.....	437	22	415	48	3	0	17	11	5	0	17	5	0	0	0	3	350	3	350
Antepartum																			
First visits.....	131	8	123	18	2	0	4	3	2	0	4	2	0	0	0	1	101	1	101
Revisits.....	302	14	288	30	1	0	13	8	3	0	13	3	0	0	0	2	245	2	245
Postpartum																			
Registered.....	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
Infants, neonatal.....	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
ANALYSIS OF NEW CASES																			
Duration of pregnancy																			
Not pregnant.....	3	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	3
Under 12 weeks.....	3	0	3	1	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
12-23 weeks.....	8	0	8	1	0	0	1	0	0	0	1	0	0	0	0	0	6	0	6
24-27 weeks.....	20	1	19	0	0	0	0	1	0	0	0	0	0	0	0	0	19	0	19
28-31 weeks.....	34	3	31	7	1	0	1	1	1	1	1	1	0	0	0	0	23	0	23
32-35 weeks.....	36	2	34	6	0	0	2	2	1	0	2	0	0	0	0	1	26	1	26
36 weeks and over.....	27	2	25	3	1	0	0	0	1	0	0	1	0	0	0	0	22	0	22

TABLE NO. 5
ANALYSIS OF PHYSICAL EXAMINATIONS ON REGISTRATION AT PRENATAL CLINICS

FINDINGS	NUMBER			PERCENTAGE DISTRIBUTION		
	Total	White	Colored	Total	White	Colored
REGISTERED FOR DELIVERY AT HOSPITALS*						
Primipara.....	373	116	257	24.2	21.4	25.9
Multipara.....	1,164	427	737	75.8	78.6	74.1
PELVIS						
Normal.....	1,328	474	854	86.45	87.3	86.0
Borderline.....	131	47	84	8.5	8.6	8.4
Contracted.....	68	20	48	4.45	3.7	4.8
Funnel.....	10	2	8	.6	.4	.8
SEROLOGIC TEST FOR SYPHILIS						
Negative.....	1,397	527	870	90.9	97.1	87.9
Positive.....	140	16	124	9.1	2.9	12.1
OTHER FINDINGS						
Toxemia.....	174	51	123	11.3	9.4	12.4
Heart murmur.....	240	47	193	15.6	8.6	19.2
REGISTERED FOR DELIVERY BY MIDWIFE						
Primipara.....	24	1	23	19.0	12.0	19.1
Multipara.....	104	7	97	81.0	88.0	80.9
PELVIS						
Normal.....	120	8	112	93.9	100.0	93.3
Borderline.....	6	0	6	4.7	..	5.0
Contracted.....	2	0	2	1.4	..	1.7
SEROLOGIC TEST FOR SYPHILIS						
Negative.....	111	7	104	87.4	87.5	87.4
Positive.....	16	1	15	12.5	12.5	12.5
Not taken.....	1	0	1	.1	..	.1
OTHER FINDINGS						
Toxemia.....	11	0	11	8.6	..	7.8
Heart murmur.....	15	1	14	11.7	.8	10.9

* Baltimore City Hospitals.

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SCHOOL HYGIENE

DIVISION OF SCHOOL HYGIENE

H. Warren Buckler, M.D.

Chief

In practically every locality throughout the country, urban as well as rural, some form of school health service is in force, embracing the control of communicable diseases in the schools and routine physical examination of pupils for the detection and correction of remediable defects. Like many similar projects, the scope of this service has progressively broadened year by year and the personnel and consequent cost have steadily increased. As the result of the national emergency now existing, with possible loss of personnel, it would seem that the time is propitious to study possible changes in school health work with elimination of non-essential activities. For a long time the chief of this service has felt that in a city the size of Baltimore, it is next to impossible to standardize the school health service, as so much depends upon the types of pupils in the different sections of the city. In some schools there is little or no work for the doctor and nurse to do, whereas, in other schools the service as at present constituted could not in any way be reduced, but in many instances should be enlarged. For these reasons, it seems that the program of each school should vary according to the needs.

It has been the policy of the Department of Health for many years to make three routine physical examinations of each pupil in the public and parochial schools during his or her elementary school career, the first upon entrance of the child to the kindergarten or first grade, the second in the third grade and again in the fifth grade. A survey of the results of this policy by the chief has shown that a relatively small number of new defects is found at the time of the third examination when the child is in the fifth grade. The majority of defects involving abnormal conditions in the nose and throat are found during the first examination and they are usually corrected long before the last examination. The majority of defects of visual acuity are found at the time of the second examination when the Snellen test is used and likewise these are corrected before the time for the third examination. This fact also applies to the other more significant defects. For this reason it is felt that in many of the schools the fifth grade examination could be eliminated and only those pupils who have not had their defects corrected should be reviewed.

Under the present plan, the school nurse devotes considerable time to the

weighing and measuring of pupils to determine their nutritional status in accordance with standardized height, weight, age and sex tables. The extent of this service was reduced several years ago, when only those children who, upon first examination, were found to fall in the so-called malnutrition class, were reweighed at the time of subsequent examinations. A survey of the medical histories shows that relatively few of the children who were in the low grade nutritional status at the time of the first examination improved to such an extent as to be within the normal limits at the time of the second or even third examination. Just what is the significance and importance of low nutritional status cannot be definitely stated, but apparently whatever has been the regime prescribed in such cases, little or no satisfactory results were recorded. As this is a purely routine procedure, it would seem best, if it is to be continued, to place this work in the hands of the classroom teacher, who is perfectly able to do the weighing and measuring as often as it is considered necessary.

There are many other problems within the scope of a school health service which cannot be dwelt upon in a report of this kind. A study is now being made by the Health Officer of the Eastern Health District with the object of answering many such questions and no further changes are recommended until a report of this study is received.

The following table gives a summary of the number of children examined, together with their defects, during 1940 and 1941. Each column represents virtually one-half of the total elementary school population.

DEFECTS	1941	1940
Number of pupils examined.....	43,259	43,549
Number of pupils defective.....	19,254	21,298
Diseases of throat, including tonsils.....	8,492	9,700
Diseases of mouth, including teeth.....	10,540	11,419
Diseases of eyes, including defective vision.....	2,742	3,121
Diseases of ears, including defective hearing.....	90	136
Orthopedic deformities.....	84	208
Diseases of the nervous system.....	107	77
Tuberculosis of lungs, bones, joints and glands.....	53	119
Diseases of the heart.....	548	599
Cases of malnutrition.....	3,300	3,822

Of the 8,492 children with diseased tonsils and adenoids 2,258 had them removed by operation; of the 10,540 children who needed dental attention 4,629 received such treatment; of the 2,742 children who had some form of defective vision 1,880 had their eyes refracted and obtained glasses. There were 933 children treated for some form of communicable hair and skin infestation.

The Department of Education maintains special classes for those

children suffering from some form of physical handicap. Children are recommended for such classes either by the school physicians, attending physicians or hospital clinics, subject to the approval of the chief of the division. During the past year, there were 229 children recommended for the nutritional classes, 22 for the cardiac classes, 88 for the orthopedic classes, 52 for the sight saving classes and 37 for lip reading instructions. Those children suffering from some illness that necessitates their absence from school for a consecutive period of a month or longer are recommended for home teaching, after an investigation by the division chief. In 1941 there were 137 such applications, of which 82 or 67 per cent were confined to their homes as result of acute rheumatic fever, with or without cardiac complications as compared with 85 children out of a total of 114 applicants in 1940. It is the opinion of the chief that many cases of a mild form of this disease are overlooked and such children are permitted to return to school and indulge in their usual classroom or play activities with no restrictions whatsoever. Many of these children have some potential form of cardiac involvement which if neglected may result in permanent damage to the heart. Such illness could be minimized or prevented entirely if these children were placed under the regime of the special "rest class" or even provided with a home teacher. For this reason, if it is practicable, acute rheumatic fever should be placed in the class of reportable diseases. With the exception of a few children with congenital heart disease, all cases at present in the cardiac classes with varying degrees of organic valvular heart disease are the results of one or more previous attacks of acute rheumatic fever.

Control of Communicable Diseases in Schools

The total incidence of communicable diseases among children of elementary school age during 1941 was higher than in 1940 but there was a decrease in the case of whooping cough. There were 10 cases of acute anterior poliomyelitis in 1941 as compared with no case in 1940. Scarlet fever showed an increase with 522 cases being reported in 1941 as compared with 349 in the preceding year. There was a decided increase in diphtheria among the children of elementary school age, although the total for the city for all ages was less than in 1940. There were 31 cases reported in 1941 as compared with 23 in 1940.

In the monthly clinics maintained in the schools, 5,227 children were given one dose of alum-precipitated toxoid. Of this group, 3,471 children were of school age and 1,756 were of preschool age. There was a total of 2,384 children vaccinated against smallpox in these clinics during 1941; of this number 1,439 were children of preschool age and 945 were of school age.

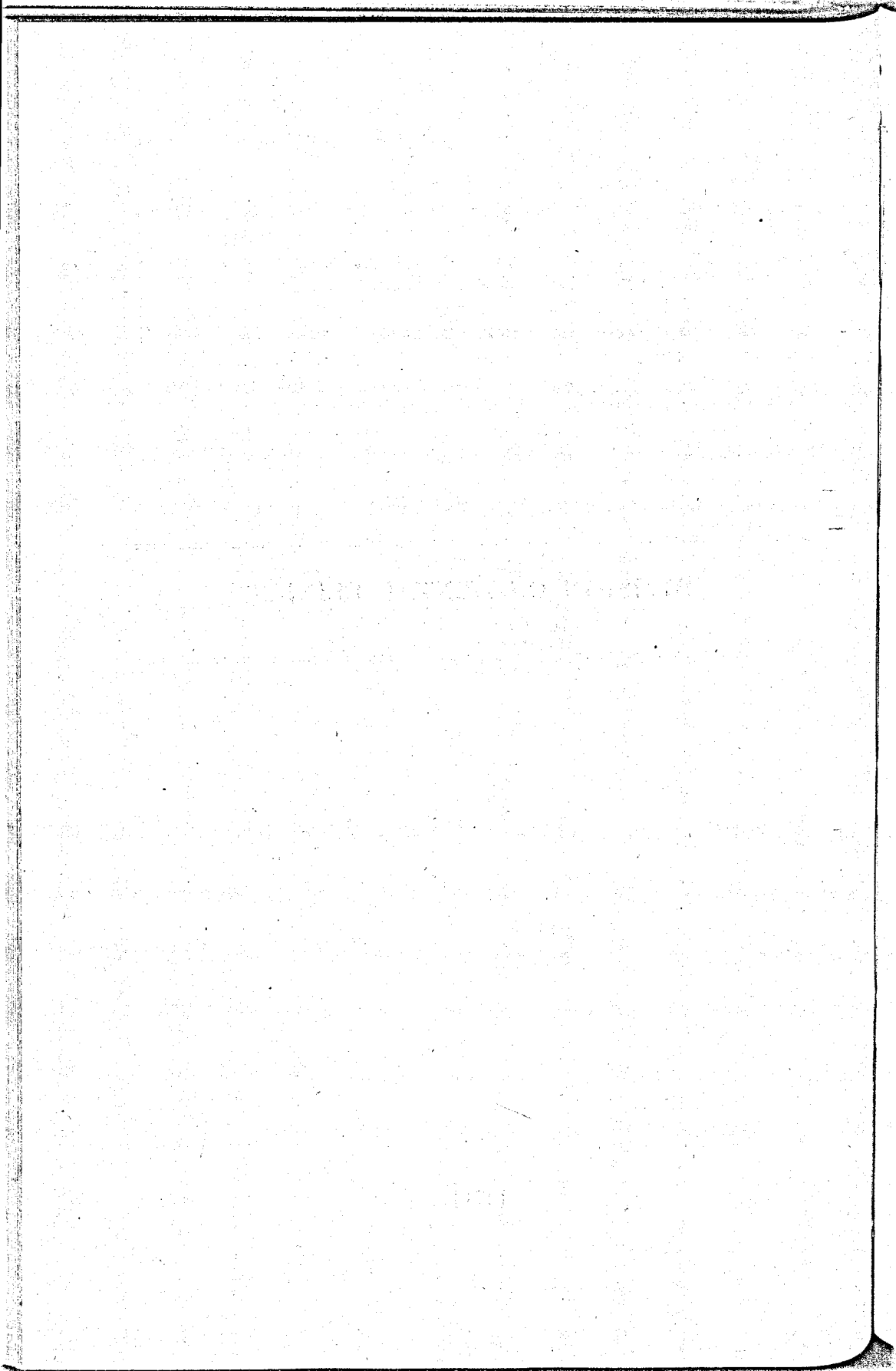
In 1940 there were 24 Negro children of both elementary and secondary school age admitted to the Maryland Tuberculosis Sanatorium at Henryton, Maryland with reinfection type of pulmonary tuberculosis. Many of these children were in a far advanced stage of the disease with tubercle bacilli in their sputum. Some had been in attendance at school until a few weeks before admission to the sanatorium. In 1941 this number had increased to 39 cases; 13 of these children were between the ages of six and thirteen and 26 were between the ages of fourteen and seventeen. None of these children had returned to school at the close of 1941.

As in preceding years, the Department of Health maintained a clinic for the treatment of various eye defects and an ear clinic for hearing defects. During the year 2,000 children were treated in the eye clinic and 1,799 children were treated in the ear clinic. These clinics are of the greatest value to the school health service, inasmuch as there are few facilities available to indigents for the care of these important defects.

Personnel

H. Warren Buckler, M.D., Chief
Harry C. Grant, M.D., Health Officer
M. L. Breitstein, M.D., Health Officer
Thomas R. O'Rourke, M.D., Health Officer

DIVISION OF DENTAL CLINICS



DIVISION OF DENTAL CLINICS

Morris Cramer, D.D.S.

Supervisor

In spite of the reduction in unemployment in Baltimore, there was an increase in the requests for dental treatment received in the Division of Dental Clinics during 1941. Every effort was made to meet this demand, but a limited staff made it practically impossible to care for all who applied. The staff, consisting of four part time dentists, three white and one colored, and a part time supervisor, operated the sixteen clinics in the public schools located in different sections of the city. Pupils were brought to the clinics by the public health nurses who also assisted the dentists in routine work. The treatments consisted of fillings, extractions, sedative treatments and prophylaxis.

The following table gives a summary of the dental services rendered to children of school age during 1941:

Pupils registered at clinics.....	4,248
Visits of pupils to clinics.....	5,340
Prophylactic treatments given.....	2,293
Teeth filled.....	1,187
Temporary teeth extracted.....	7,363
Permanent teeth extracted.....	1,931
Pupils completed and discharged.....	3,587

The preschool dental clinic at the Dental School of the University of Maryland cooperated with the infant and preschool hygiene clinic in the Western Health District. Children from eighteen months of age to school age were examined and treated by the senior students of the dental school under the supervision of a graduate dentist.

Figures made available since the induction of men for the armed forces show that a large per cent of rejections was due to decayed or missing teeth. Professional studies indicate dental caries may be prevented to a great extent by systematic dental care and a normal amount of home care, combined with a balanced diet. In order to do this, it is necessary to develop a dental health educational program for parent, teacher and child. The establishment of an adequate preschool and school and community dental clinic service in different sections of the city must await a more general development of curative medical services on a broad civic basis.

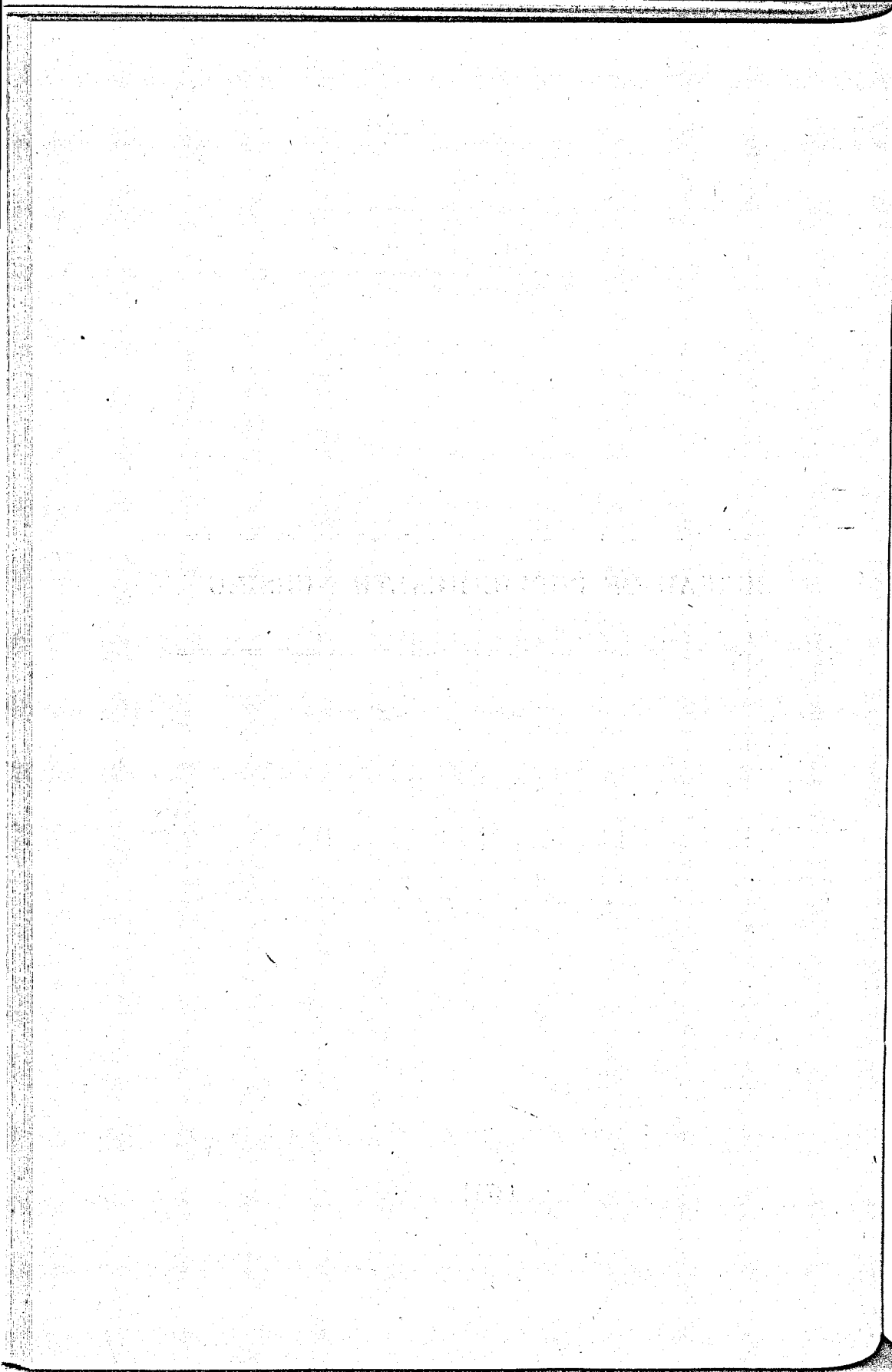
Personnel

Morris Cramer, D.D.S., Supervisor
 John H. Hoffman, D.D.S., Dentist
 Charles Highstein, D.D.S., Dentist
 Nathan Scherr, D.D.S., Dentist
 Lucius A. Butler, D.D.S., Dentist

TABLE NO. 1
 REPORT OF THE WORK DONE IN THE DENTAL CLINICS—1941

	NEW PATIENTS	VISITS	PROPHYLAXIS	AMALGAM FILLINGS	CEMENT FILLINGS	GUTTA PERCHA	TREATMENTS	CARBO-FUGONOL	EMERGENCY	EXTRACTION OF PERMANENT TEETH	EXTRACTION OF TEMPORARY TEETH	COMPLETED AND DISCHARGED
Total.....	4,248	5,340	2,293	836	299	..	73	52	222	1,931	7,383	3,587
January.....	491	645	287	85	71	..	3	9	33	256	809	422
February.....	513	666	294	110	23	..	14	9	31	214	950	433
March.....	518	656	290	127	22	..	10	7	19	243	935	450
April.....	474	645	258	82	28	..	4	6	22	240	873	441
May.....	535	674	298	105	40	..	16	4	29	243	921	483
June.....	213	295	139	42	21	..	8	4	17	72	467	217
October.....	633	696	292	102	31	..	10	6	26	250	959	467
November.....	481	592	251	114	36	..	5	4	17	170	841	414
December.....	390	471	186	69	27	..	3	3	28	243	618	260

BUREAU OF PUBLIC HEALTH NURSING



BUREAU OF PUBLIC HEALTH NURSING

Jane B. Laib, R.N.

Director

The bureau continued, as in the past, to conduct certain field activities, including home and clinic visits, for seven bureaus of the Department. Every effort was made to render improved nursing service to the public even though each nurse was required to carry a heavier case load than formerly. Consideration was given to the relative amount of time spent in each service so that no important phase of the work would be neglected. On January 1, 1941 approved salary changes made it possible to increase the pay for twenty-three public health nurses and five supervising nurses.

Personnel

On December 31, 1941 the staff of the Bureau of Public Health Nursing consisted of one hundred and twenty-six public health nurses and nine nursing supervisors. Of this number sixty-seven public health nurses and four supervisors worked from the headquarters of the three health districts and the Druid Health Center, and fifty-nine public health nurses and five supervisors worked from the central office located in the Municipal Office Building.

Two public health nurses were selected in January from the City Service eligible list to fill new positions created by the Board of Estimates. Two nurses were transferred to the staff from the Babies Milk Fund Association and reported for duty in March.

Nine public health nurses resigned and one retired. These positions were filled by public health nurses selected from the eligible list of the City Service Commission. When this list was exhausted, graduate registered nurses who met the requirements of the Commission were appointed. Leaves of absence without pay were granted three members of the staff in order that they could take one year of college work in public health nursing. Three substitute nurses were appointed to fill these vacancies. Miss Charlotte Miller and Miss Irene Gladden, public health nurses, entered the Army and Navy respectively and were granted leaves of absence without pay for this purpose.

General Services

Maternity Hygiene

The public health nurses assigned to the prenatal clinics and those participating in the home visiting to expectant mothers helped to maintain a maternal mortality rate that was practically as low as that achieved in 1940. The nursing staff assisted in the twelve prenatal clinics held weekly throughout the year and made a total of 15,538 visits to maternity cases in 1941.

There was increased interest on the part of the nursing staff in individual and group instruction for expectant mothers. It was felt that this type of educational effort probably plays an important part in the early recognition of preventable complications and in addition, increases the cooperation of the patient with the health officer responsible for the prenatal care.

Due to a shortage of nurses in the Baltimore City Hospitals, it was necessary, over a period of several months, to discharge maternity patients before completion of the customary ten day postpartum period. The necessity for postpartum visiting of these patients arose and the public health nurses and the nurses of the Instructive Visiting Nurse Association cooperated in doing this emergency work.

Infant and Preschool Hygiene

Nursing activities carried by the Babies' Milk Fund Association in certain sections of the city since May 1, 1926 were transferred from that organization to the Bureau of Public Health Nursing on March 1, 1941. As a result of this transfer, public health nurses assisted in the three infant and preschool hygiene clinics in the Locust Point section of the Southern District and in the eastern section of the Southeastern Health District and made necessary home visits in these areas.

During the year 89,436 visits were made to infant and preschool hygiene cases in the entire city as compared with 90,197 visits during 1940. The nurses continued to emphasize the importance of vaccination against smallpox, and toxoid inoculation against diphtheria in those cases in which the infant had reached six months of age and had not been given this protection.

School Hygiene

As heretofore, public health nurses assisted the school physicians in making physical examinations of the children in the first, third and fifth grades in the elementary public and parochial schools. An effort was made to have the parents present at these examinations so that the physician and nurse could discuss with them the child's nutritional needs and

physical defects. The number of parents present at these conferences showed that greater interest is being taken in the welfare of the child. A total of 20,959 visits was made by the nurses to homes of children for the correction of remedial physical defects.

Daily inspections were made by the nurses of contacts of certain minor communicable disease cases who were permitted to attend school during the incubation period of the disease; inspections were also made of children who had been absent from school before they were permitted to return to their classrooms.

Communicable Diseases

Public health nurses assisted the health officers in the regular toxoid and vaccination clinics held monthly in the public and parochial schools and also assisted in the special diphtheria prevention drives made in the southeastern section of the city and in the Druid Health Center area of the Western Health District during October and November. The nurses continued to investigate and assist in the control of minor communicable diseases, namely, chickenpox, whooping cough and measles. A total of 35,029 visits was made for this purpose.

During the outbreak of poliomyelitis in the late summer, eight public health nurses, who had been given special training at two orthopedic hospitals, were assigned to give nursing care to discharged cases of poliomyelitis, under the direction of a trained physiotherapist and an orthopedic physician. Subsequently, this work was turned over to the nurses of the Instructive Visiting Nurse Association.

Tuberculosis

New administrative and field procedures were inaugurated in the control of tuberculosis, and an intensified study of the field services of the known tuberculosis cases was begun. Among the procedures established were the following: After October 1, each supervisor and public health nurse was given an opportunity to attend weekly conferences with the Director of the Bureau of Tuberculosis, at which time a review of the nurse's tuberculosis case load was made. Emphasis was placed on individual procedures concerning cases and contacts. Those cases recommended for discharge from the visiting list were withheld until three or more sputum specimens were obtained and found to be negative. A total of 35,500 visits was made by the nurses to tuberculosis cases during the year.

Special Services

During 1941 eighty-two undergraduate student nurses were given affiliate instruction in public health nursing. Classroom instruction and field

practice were given to thirty-five of the affiliated nurses in the Eastern Health District and to ten in the Western Health District. The remaining thirty-seven students were taught the theory of public health nursing in their respective training schools of nursing and affiliated with the Department for eight weeks' observation of field work.

Three graduate nurses were accepted for from two to four months' affiliation and were given the introductory course of instruction in the Western Health District. This was done so that they could meet the minimum qualifications of the City Service Commission for public health nursing positions. As part of the orientation course given by the United States Public Health Service to its members, ten nurse trainees spent approximately one week in the bureau observing the field activities.

Staff Education

The thirteen new nurses appointed to the staff during 1941 spent two months or longer, depending upon the need of the individual, in one of the teaching centers of the Department, for the introductory course in public health nursing, prior to being assigned to their districts.

Federal Social Security funds allocated through the State of Maryland again made it possible to secure one semester of college work for each of two public health nurses who completed their college year on their own, and two semesters of college work for an acting supervisor.

Semimonthly conferences were held by the director with the supervising nurses either in the central office or in one of the district health offices. Many of these meetings were attended by the bureau directors, who presented the new developments in their work. Representatives of other health agencies also addressed the group on the work of their organizations. Conferences were held by the supervisors with their respective groups, at which time the staff nurses participated in the educational program which included demonstrations, book reviews and case studies.

Two of the colored nurses from the Druid Health Center attended the Twenty-third National Convention of the National Association of Colored Graduate Nurses held in Los Angeles, California, from August 17 to 22 inclusive.

A total of one hundred and thirty-five nurses completed the course in First Aid given under the auspices of the Baltimore Chapter of The American Red Cross. Sixteen of this group completed the advanced course in First Aid given by Mr. Oscar Hoar, Director of First Aid, Water Safety and Accident Prevention, and assisted in the teaching program in this service. In addition, a number of the nurses who had received authorization from the National Chapter of The American Red Cross conducted

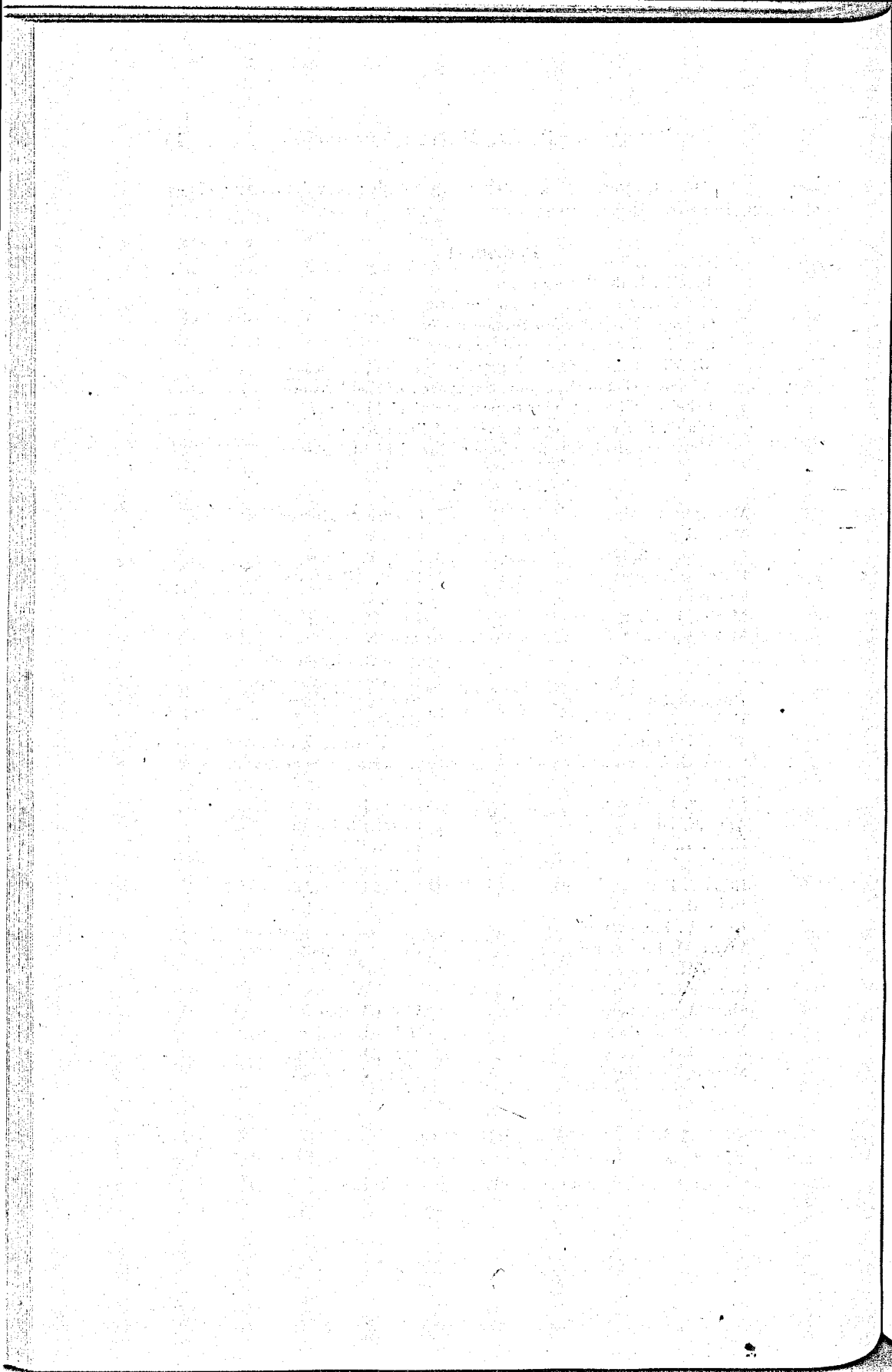
classes in Home Nursing. This work is on a voluntary basis and classes are conducted after duty hours.

Personnel

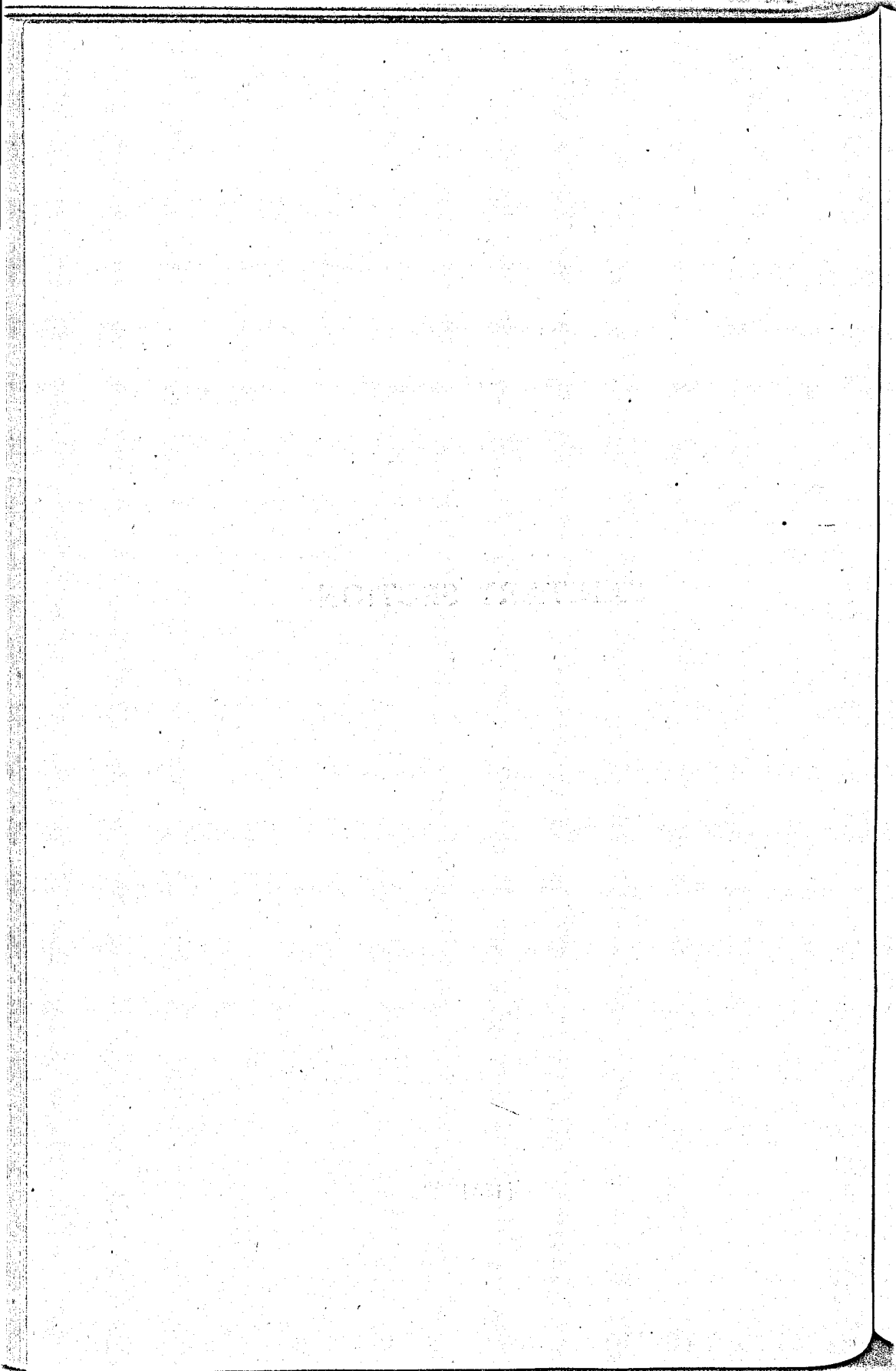
Jane B. Laib, Director
E. M. H. Brown, Assistant Director
Grace S. Eyler, Senior Stenographer
Sara H. Ford, Senior Stenographer
M. Alice Caron, Senior Supervisor of Field Nurses
Adelaide G. Smith, Senior Supervisor of Field Nurses
Ethel G. Gluck, Senior Supervisor of Field Nurses
Ola C. Early, Senior Supervisor of Field Nurses
Marie Dandridge, Senior Supervisor of Field Nurses

Public Health Nurses

Marianna P. Aiau	George A. Hutton
Mary Bacon	Constance Jacobs
Romaine S. Basford	Ruth K. Jones
Ruth C. Bennett	Ethel L. Kallinsky
Grace Berger	Edna Kenney
Marian Bowden	Elsa C. Kittel
Marie V. Buckless	Jane Kreitz
Elevian R. Carter	Rose B. McDonnell
Sarah V. Case	Elizabeth McGovern
Ruby Collins	Frieda E. Moore
E. Murray Cox	Winifred Moore
Vera M. Craig	Edwinia Ozazawski
Grace C. Crawford	Roberta S. Pinckard
Bertie Davidson	Carolyn Kling Preston
Ethelyn B. Dever	Helen B. Reutter
Alice E. Diver	Elizabeth Rutter
Emily L. Ely	Ingrid Selkamaa
Ruth Eckman	Carolyn M. Shaffer
Edna J. Faith	Helen B. Sharpe
Rose M. Fields	Anne E. Smith
Ethel V. Finneyfrock	Alice K. Stevenson
Virgie M. Finneyfrock	Ruth Stoneham
Helen H. Galloway	Mary B. Tewell
Geneva Gartside	Birdie M. Thearle
Mary A. Goldberg	Violet Weber
Margeret H. Harbaugh	Helen L. Wells
Rose M. Hoffman	Alva M. Williams
Margaret B. Hoyt	Edna V. Yates



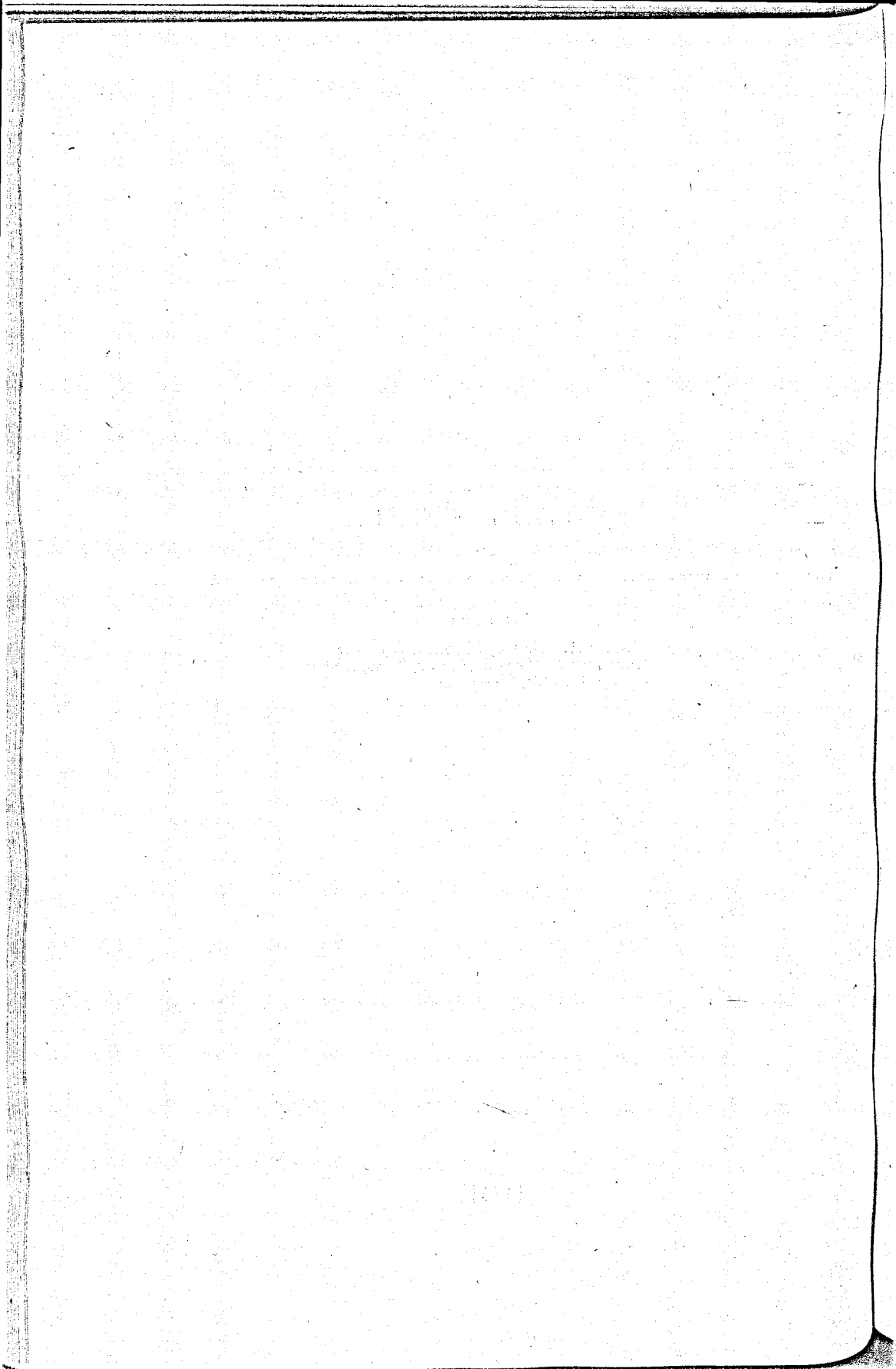
SANITARY SECTION



SANITARY SECTION

Personnel

Wilmer H. Schulze, Phar.D., Director
Elizabeth M. Truxal, Senior Stenographer
George Boteler, Messenger



SANITARY SECTION

Wilmer H. Schulze, Phar.D.

Director

Notable advances were made in the City Health Department housing program by: The passage of an ordinance on the hygiene of housing and another ordinance amending the existing rooming house ordinance, both of which gave the Commissioner of Health broader powers in dealing with insanitary housing conditions; the filling of three new positions in the classification of Senior Sanitary Inspector for the enforcement of housing legislation; the establishment of a closer relationship with the other city departments concerned with housing; and successful completion of legal proceedings instituted against the owner of two slum houses on Moore Street for failure to comply with previous notifications of the Commissioner of Health to abate existing nuisances.

Other important advancements were: The establishment of a new position classified as Chief of the Division of Industrial Hygiene; the adoption of retail milk distribution regulations; the issuance of the bulletin entitled "Occupational Disease Control, Industrial Health Series—No. 1" with the cooperation of the Bureau of Occupational Diseases; the adoption by the Maryland State Board of Health of a regulation governing the sale of insecticides containing sodium fluoride; an inservice training course for recently appointed staff members; the passage of an ordinance providing a new Building Code for Baltimore City and the adoption by the Commissioner of Health concurrently with the State Board of Health of a regulation prohibiting the use of mercurial carot in the preparation of hatters' fur or the use of mercurial carroted hatters' fur in the manufacture of hats.

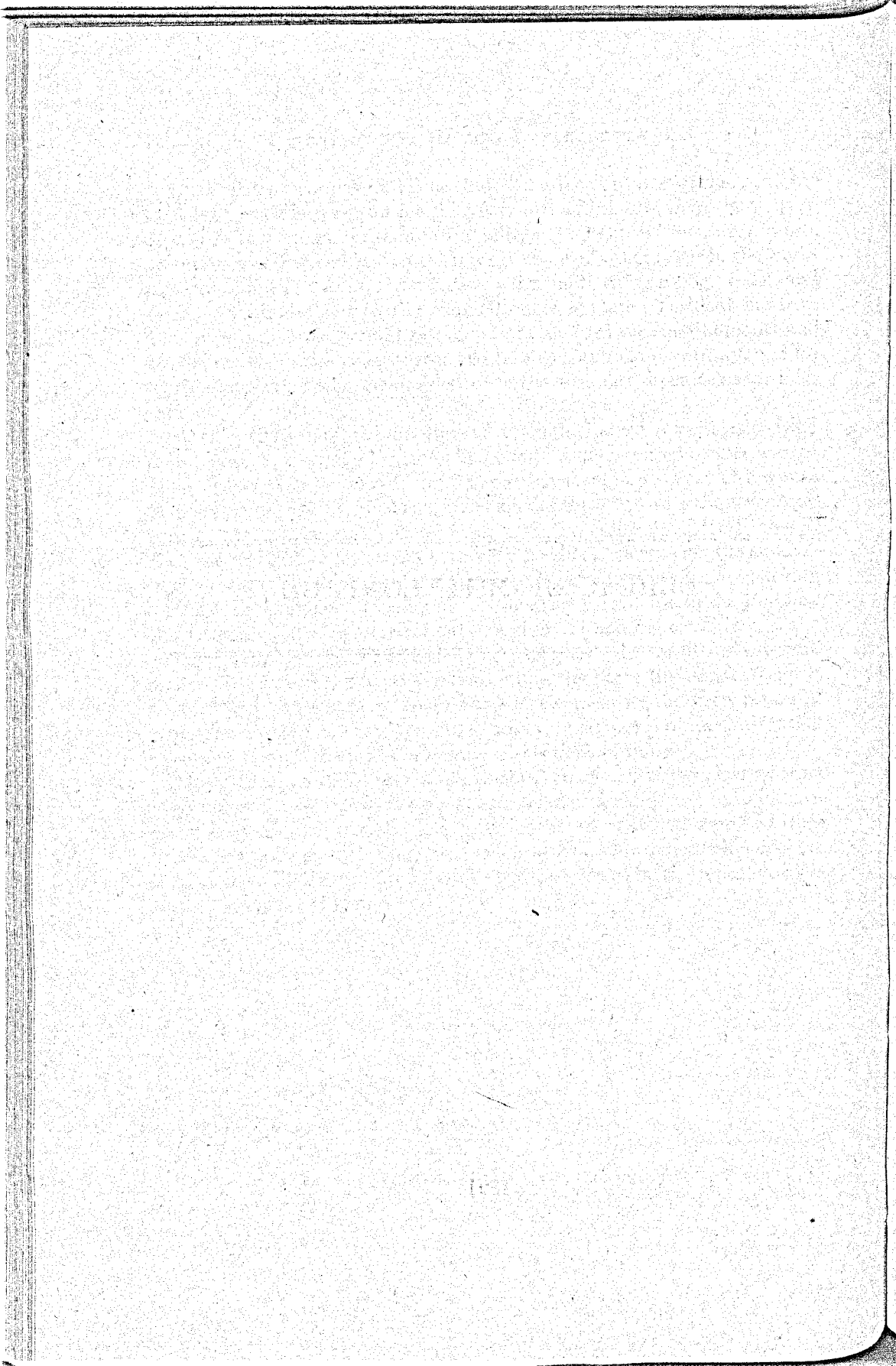
The national defense program required increased attention to a number of the services of the Sanitary Section. Mr. George W. Schucker, Mr. George O. Motry, Mr. Charles M. Kenealy and Mr. William Sallow were called to serve in the United States Army. The influx of thousands of workers into the city for employment in defense industries, together with their families, and the replacement by new and unskilled personnel in non-defense occupations presented important problems in housing, industrial hygiene, milk control and food control. Overcrowding, defective plumbing, inadequate toilet facilities, rat and vermin infestation and general disrepair were noted in connection with many housing inspections, and efforts were made to have these conditions corrected as rapidly as possible.

The health of workers in defense industries received first attention in the industrial hygiene program for the year. In addition to investigations of exposures to toxic materials and the adequacy of control measures in use, attention was directed also to the improvement of other items in the working environment such as ventilation, illumination; drinking, toilet and washing facilities; and to the elimination of apparent accident hazards. The preparation and handling of food in cafeterias in industrial plants and at restaurants in the vicinity received frequent and close scrutiny, and intensive inspection was maintained over the technical operations in milk plants.

Other activities of the Sanitary Section included: Investigation and probable abatement of a long standing odor nuisance caused by a rendering plant in the western area of the city; participation in a survey of low rent housing needs in the central congested area of the city under the cosponsorship of the Baltimore Housing Authority, the Johns Hopkins School of Hygiene and Public Health and the City Health Department; the elimination of cross connected plumbing in air conditioning systems, meat packing establishments and child caring institutions; cooperation with the Building Engineer and the Fire Department in a study of housing conditions in the rooming house districts of the city; participation in the first Maryland State-Wide Safety Conference sponsored by the State Industrial Accident Commission; assistance to the Buildings Engineer in the preparation of requirements for trailer camps and tourist cabins; and continued attention to sewage disposal facilities in unsewered sections of the city.

Although an unusual number of personnel changes were necessary during the year, and new problems were encountered and older ones were intensified by the national war emergency, the members of the staff proved their ability to handle many trying situations. More detailed discussion of some of the events and activities mentioned will be found in the reports of the respective bureau directors.

BUREAU OF MILK CONTROL



BUREAU OF MILK CONTROL

Ivan M. Marty

Director

On March 13 the Commissioner of Health adopted new regulations governing the handling of milk by retail milk distributors. The regulations greatly strengthened the Health Department control of this branch of the milk industry, the supervision of which had previously been inadequate.

Two attempts to revise the Health Department labeling requirements in order to remove the day of pasteurization from milk labels were made by local milk distributors. In the first effort an association of retail grocers attempted to accomplish the change by introducing a city milk ordinance amendment but the measure met with strenuous opposition in the City Council from the Health Department and the general public and consequently was withdrawn by its sponsors. The second attempt was made by a group of pasteurization plants who requested permission to substitute a code for the day of pasteurization on milk labels, ostensibly for the purpose of cooperating in the Government gasoline conservation program by eliminating the collection of out-of-date milk from stores. Shortly after the request was made, many of the milk plants without violating the provisions of the city milk ordinance discontinued the delivery of milk on Sundays. The Commissioner of Health refused to grant the industry request and the change in delivery practice was vigorously opposed by the public. To have removed the day of pasteurization from the bottle cap would have deprived the consumer of his traditional ability in this city of knowing of the freshness of the milk he purchases.

An important precedent was established by the representatives of a local labor union during one of the first instances on record in Baltimore wherein a labor union has become involved in charges of milk ordinance violation. At a hearing with representatives of a milk plant, the labor union and the Health Department present, the discharge of a milk deliveryman who had been charged by Health Department inspectors with capping cream bottles by hand was unanimously approved by the labor organization and all other employees were warned that the union would not contest the dismissal of any one guilty of violating Health Department requirements.

The tenth annual Sanitary Milk Production Contest was won by the Delta High School of Delta, Pennsylvania. There were 427 students from nineteen rural high schools trained for this year's competition which brought

the total number of students thus trained during the ten-year period to 4,177.

Continued changes in the bureau personnel seriously handicapped the work of the milk plant inspection division. Mr. Charles M. Kenealy, who was appointed to the position of Senior Milk Plant Inspector in August, 1940, was called to active military duty on January 6, 1941. The position was permanently filled on November 24 by the appointment of Mr. Vernon L. Corey.

With the exception of 1930, the Baltimore milkshed experienced the driest year ever reported by the U. S. Weather Bureau. The drought ruined pastures, feed crops and farm water supplies and seriously threatened the city milk supply during August and September. In spite of these circumstances and in order to supply milk for the city's rapidly growing defense population, the Baltimore milk producers were able to accomplish a 6 per cent increase in the total annual milk supply.

Anthrax appeared on the Baltimore milkshed for the first time since 1923. An outbreak occurred during September in Frederick County and through a quarantine established by State and Federal authorities the disease was confined to four farms, one of which produced milk for Baltimore. Although many animals were affected, there was no human case of the disease reported.

Dairy Farm Inspection

Incoming Milk

The average cubic centimeter bacterial plate count on the incoming raw milk supply increased from 62,200 in 1940 to 87,300 in 1941. Out of a total of 61,165 samples of individual producers' milk analyzed 97.06 per cent were below the ordinance bacteriological requirement of 200,000 bacteria per cubic centimeter.

At the close of the year there were 3,250 holders of Dairy Farm Permits as compared to 3,480 on December 31, 1940. A check at the end of the year showed that approximately 500 active producers were in full compliance with the Specifications for Dairy Houses and Milking Stables established by the Commissioner of Health on September 30, 1940. Nearly 800 producers had made some effort to comply while the remaining 2,000 had done nothing toward meeting the requirements, which become effective on October 1, 1942.

Pasteurizing Plant Inspection

Pasteurized Milk

The average bacterial plate count of the pasteurized milk at doorstep delivery increased from 800 in 1940 to 1,300 in 1941. This increase was

partly due to the larger bacterial count on the incoming raw supply but was due mainly to the continual replacement of pasteurization plant operators by inexperienced employees made necessary because of the national war emergency. It is interesting to note that out of a total of 995 random samples of pasteurized milk collected throughout the city only 3 indicated improper pasteurization and the percentage of the milk supply which is pasteurized reached a new high of 99.25 per cent.

Ice Cream

A satisfactory bacteriological standard of the city ice cream supply was maintained throughout the year although the average bacterial plate count on the ice cream manufactured by the plants which did not pasteurize ice cream mix on the premises increased from 8,800 in 1940 to 14,000 in 1941. The count on ice cream manufactured by plants which pasteurized on the premises where the ice cream was frozen was reduced from 2,000 in 1940 to 1,800 in 1941. Due to an unprecedented demand for ice cream it was necessary to bring nearly 600,000 gallons of milk into the city from sources outside of the Baltimore milkshed.

Personnel

Ivan M. Marty, Director
Marie Huppman, Senior Stenographer
Lillian Rodbell, Senior Stenographer
Jennie G. Moore, Senior Clerk
Carl D. Storey, Chief, Division of Milk Plant Inspection
Robert F. Gaddis, Dairy Farm Supervisor
Courtney C. Buck, Dairy Farm Supervisor
Leroy C. Shearer, Dairy Farm Supervisor
Harry H. Shaffer, Dairy Farm Supervisor
Charles H. O'Donnell, Dairy Farm Inspector
John J. McKann, Dairy Farm Inspector
Lawrence Wagner, Dairy Farm Inspector
Vernon L. Corey, Senior Milk Plant Inspector
Gulius D. D'Ambrogi, Senior Milk Plant Inspector
William M. Hoffacker, Food Inspector
Clarence L. Scheiblein, Food Inspector
Philip H. Strauss, Food Inspector

TABLE NO. 1

SUMMARY OF DAIRY FARM ACTIVITIES FOR 1941 AS COMPARED WITH 1940

Area of Baltimore milkshed.....2,600 square miles (approximate)
 Active shippers.....3,234

ACTIVITIES	1941	1940
DAIRY FARM INSPECTIONS		
Total.....	8,420	6,641
Routine inspections.....	6,577	4,155
Special inspections.....	1,547	2,065
Application inspections.....	296	421
OTHER ACTIVITIES		
Violation notices issued.....	3,144	2,019
Milk returned for high temperature.....	2,656	323
Permits issued.....	61	99
Permits cancelled.....	307	238
Hearings.....	84	122
Permittees warned at hearings.....	62	93
SUSPENSIONS OF PERMITS		
Total.....	325	453
Department.....	25	100
Field.....	300	353

TABLE NO. 2

BACTERIAL COUNTS AND PERCENTAGE BUTTERFAT FOR PREPASTEURIZED AND PASTEURIZED MILK—1941 AND 1940

MONTH	SELECTED MILK PREPASTEURIZED				SELECTED MILK PASTEURIZED (BOTTLED)			
	Average Bacterial Count		Average Per Cent Butterfat		Average Bacterial Count		Average Per Cent Butterfat	
	1941	1940	1941	1940	1941	1940	1941	1940
Entire Year.....	89,700	65,000	3.99	4.00	1,300	800	4.01	4.02
January.....	55,000	35,000	4.01	4.13	1,100	400	4.02	4.16
February.....	51,000	53,000	4.00	4.06	1,300	500	3.99	4.09
March.....	48,000	46,000	4.02	4.01	1,300	600	4.02	4.00
April.....	73,000	49,000	3.96	3.98	1,300	900	4.03	3.98
May.....	83,000	68,000	3.95	3.97	1,200	600	3.98	4.02
June.....	120,000	100,000	3.97	3.96	1,700	900	4.04	3.96
July.....	160,000	74,000	4.01	3.95	1,800	900	4.02	4.01
August.....	160,000	97,000	3.96	3.89	1,600	800	4.02	3.91
September.....	130,000	89,000	3.97	3.99	1,500	800	3.96	3.99
October.....	100,000	67,000	4.02	4.00	1,400	1,100	4.01	3.99
November.....	52,000	56,000	4.07	4.03	800	1,300	4.06	4.07
December.....	45,000	46,000	4.02	4.10	1,100	1,300	3.99	4.04

TABLE NO. 3
AVERAGE BACTERIAL COUNTS OF ICE CREAM
1941 AND 1940

MONTH	AVERAGE BACTERIAL COUNT FOR PLANTS PASTEURIZING ON PREMISES		AVERAGE BACTERIAL COUNT FOR PLANTS BUYING PASTEURIZED INGREDIENTS	
	1941	1940	1941	1940
Entire Year.....	1,800	2,000	14,000	8,800
January.....	2,200	700	5,800	7,100
February.....	1,100	800	12,000	23,000
March.....	1,200	1,300	10,000	6,500
April.....	1,600	1,600	24,000	2,800
May.....	1,300	1,500	4,500	3,800
June.....	1,500	1,800	38,000	4,400
July.....	2,500	3,800	14,000	7,300
August.....	2,100	3,100	32,000	13,000
September.....	2,200	2,300	10,000	16,000
October.....	4,700	1,700	8,200	4,700
November.....	1,100	1,900	5,600	10,000
December.....	700	3,000	7,100	7,100

TABLE NO. 4.
SUMMARY OF INSPECTIONS OF CITY MILK PLANTS—1941 AND 1940

TYPE OF PLANT	INSPECTIONS	AVERAGE NUMBER OF INSPECTIONS PER MONTH PER PLANT	CORRECTION NOTICES ISSUED
Milk plants			
1941.....	2,825	10.72	1,228
1940.....	2,377	8.99	958
Ice cream plants pasteurizing on premises			
1941.....	1,295	6.23	637
1940.....	940	5.09	455
Ice cream plants buying pasteurized ingredients			
1941.....	1,160	4.43	552
1940.....	1,188	4.10	529

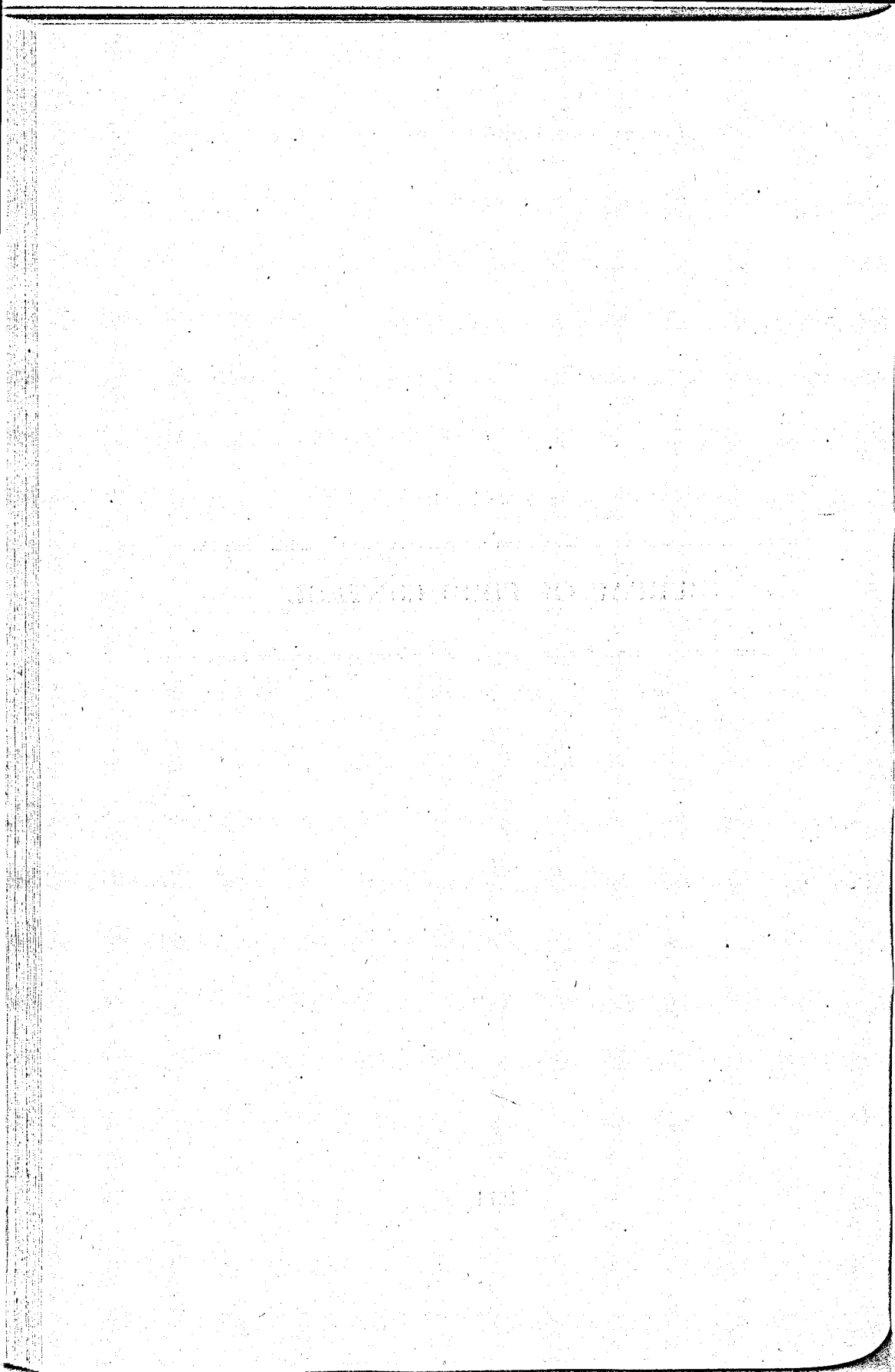
TABLE NO. 5

SUMMARY OF MILK AND MILK PRODUCT SAMPLES COLLECTED—1941 AND 1940

TYPE OF SAMPLE	1941	1940
ALL SAMPLES.....	9,275	9,549
Milk.....	3,911	4,042
Cream.....	672	766
Ice cream.....	1,224	1,217
Ice cream mix, evaporated and condensed milk.....	55	46
Empty bottles.....	3,156	3,081
Water samples.....	126	104
Miscellaneous samples.....	131	293
Dairy products cans inspected.....	17,724	17,023

BUREAU OF FOOD CONTROL

[197]



BUREAU OF FOOD CONTROL

Ferdinand A. Korff

Director

A regulation was adopted by the Maryland State Board of Health governing the sale and use of insecticides containing sodium fluoride or other poisonous salts of hydrofluoric acids. This regulation became effective on June 15, 1941 and requires that the insecticides shall be tinted a Nile blue color. Its adoption followed a series of deaths in another state following the mistaken use of uncolored roach powder in pancake batter. Following the adoption of the regulation, all known manufacturers of insecticides were informed of the regulation and food establishment owners and operators were advised to discontinue the use of the untinted chemical. The inspectors of the bureau used portable testing outfits which facilitated the elimination of poisonous fluorides from food establishments. There were no cases of tularemia in the city caused by imported rabbits during the year.

Food Establishment Inspection

Retail Food Establishments

Lunch rooms, confectioneries, grocery stores, soda fountains, hotel kitchens and similar retail food establishments were found by surveys and during regular inspections to be operating under improved sanitary conditions. The establishments were classified as "entirely satisfactory" or "not satisfactory". The percentage of entirely satisfactory food establishments given in the table does not give the exact picture of sanitary conditions found. If several items were eliminated from the Department's scoring card, such as the posting of Health Department permits and the protection of food on display, the percentage of entirely satisfactory retail food establishments in 1941 would be 76.3 per cent. The following table shows the gradual improvement that has been made in sanitary conditions in retail food establishments during the past nine years:

Year	Per Cent of Retail Food Establishments Entirely Satisfactory
1941.....	61.2
1940.....	60.1
1939.....	48.8
1938.....	58.4
1937.....	57.1
1936.....	52.7
1935.....	50.9
1934.....	55.0
1933.....	41.9

Improvements in sanitation in retail food establishments, particularly in regard to food utensil washing and disinfecting, were carried out mostly by means of so-called hearings. Restaurants, taverns and soda fountains were visited and five food utensils, usually drinking glasses, were swabbed. The swabbings were submitted for bacteriologic examination and when the number of bacteria was found to be above 500 per utensil a letter was sent directing the operator or owner to visit the office of the bureau to discuss the findings. In a majority of instances ignorance of the recommended procedure was given as the excuse and in others, lack of an effective wire draining rack was found to be the cause of trouble. The results of bacteriologic examination of samples of swabbings of food utensils obtained during 1941, 1940 and 1939 are given below:

NUMBER OF BACTERIA PER RIM OF GLASS

YEAR	NUMBER OF SAMPLES	UNDER 100		101 to 500		501 to 1000		1001 to 10,000		OVER 10,000	
		Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
1941	2,121	1,235	58.2	254	11.9	124	5.8	212	9.9	296	13.9
1940	1,376	739	53.7	163	11.8	61	4.4	172	12.5	241	17.5
1939	94	32	34.0	16	17.0	6	6.3	20	21.3	20	21.3

Wholesale Food Establishments

As a first line of defense against unwholesome and contaminated food entering the city, constant inspection was made of wholesale food establishments. Fruits and vegetables were examined for the presence of arsenic and lead spray residue. No shipments were found, however, containing excessive quantities of these chemicals. Shell oysters were sampled and submitted for bacterial examination. All oysters and clams coming into the city originated from certified or approved sources. The results of bacterial examination of shell oysters are given in the following table:

BACTERIOLOGIC EXAMINATION OF OYSTERS

NUMBER OF SAMPLES	COLIFORM GROUP (MOST PROBABLE NUMBER)				FECAL E. COLI PRESENT	
	150 or Less		Over 150		Number	Per Cent
	Number	Per Cent	Number	Per Cent		
69	47	68.2	22	31.8	19	27.5

Manufacturing Food Establishments

An intensive drive was made to free candy manufacturing plants operating in the city of rats and mice. Information was obtained from the local

station of the Food and Drug Administration, Federal Security Agency, that rodent hairs were being found in candy and other confectionery products. Detailed inspections of local plants showed the presence of heavy rodent infestation. Samples of food products from such plants showing the presence of rodent hairs indicated that the possible entry of this filth into the food was during its manufacture in the city and entire lots of candy were condemned. Meetings with representatives of the confectionery industry were held and procedures for elimination of rodents from the plants were outlined. The recommended procedures were those suggested by authorities on rat eradication, namely that of building out the pests and closing all openings of one-quarter inch or more. Poisoning or trapping was not advocated. Inspections were made of every confectionery manufacturing plant and specific instructions were given to each owner. Mutual cooperative activities were engaged in with representatives of the Food and Drug Administration of the Federal Security Agency in examining samples and in dual inspections of this type of plant. During the year 355 samples of candy were obtained for analysis. Of this number approximately 60 per cent were found to contain filth of one form or another. Following condemnations and other regulatory methods three plants discontinued operations and one plant moved to a new location. All other plants have made progress in correcting conditions.

Bakeries were likewise maintained under constant supervision and toward the end of the year the same clean-up campaign was begun on this type of food establishment. A printed pamphlet advising methods for reheating or "pasteurizing" custard-filled pastries was given to all bakers in the city.

Special Activities

Defense Area Inspections

The impact of the large numbers of defense industries locating in the city began to be felt during the year when: A number of small restaurants in the southern section of the city began to enlarge in order to accommodate more people; many manufacturing plants established cafeterias; there was an estimated exodus of 20,000 foodhandlers from food establishments to the more lucrative defense industries and as a result, untrained personnel had to be employed. Also, the difficulty in obtaining replacements of worn-out equipment was evidenced during the latter part of the year. All of this necessitated revision of routine assignments for inspection so that more visits could be made to defense manufacturing areas and specific instruction could be given to new foodhandlers by personnel of the bureau.

Out-of-date Milk

Hotels, restaurants and soda fountains were visited on Sunday evenings following the curtailment of Saturday and Sunday deliveries of milk by a few pasteurization plants in the city. A revision of a regulation by the Commissioner of Health altered the expiration time of sale of pasteurized milk from 12:00 noon to 6:00 P.M. and this necessitated inspections after 6:00 P.M. Several instances were found in which retailers offered "out-of-date" milk for sale. Hearings of these violators were held and the recalcitrants were warned. Letters were sent to all of the 6,300 retail milk permittees advising of the regulations and their responsibility as permittees in complying with these laws.

Weil's Disease

A survey of a number of poultry killing establishments and candy manufacturing plants was made to obtain blood specimens for examination for Weil's Disease. This study was made in cooperation with representatives of the Johns Hopkins School of Hygiene and Public Health.

Fortification of Bread

The alleged fortification or enrichment of white bread was investigated. It was found that in practically every instance where fortification with Vitamin B₁ and other ingredients was carried out, so-called enriched yeast containing quantities of thiamin, some nicotinic acid and an iron salt was used.

Other Activities

More than thirty organizations were addressed during the year on subjects such as "Care of Food in the Home", "Food Poisoning is Preventable" and others relating to food control. More than 1,000 foodhandlers were instructed through hearings, in group meetings and individually on food utensil disinfecting and rat proofing. New inspectors of the Sanitary Section were trained and active participation in the Baltimore Conference of Dairy, Food and Drug Officials, Central Atlantic States Association of Dairy, Food and Drug Officials and the American Public Health Association was continued by the bureau director.

Activities in nutrition as a part of the major work of the bureau were begun during the year. A conference sponsored by a local college was attended by the bureau director, who accepted membership on the Nutrition Advisory Committee of the Baltimore Chapter of the American Red Cross.

Food Poisoning

As in previous years all food poisoning outbreaks or cases reported to the Department were investigated by a team of investigators. Twenty investigations were made, a decrease in the number reported during past years. Only four of the outbreaks investigated were proven to have been caused by specific food. The following table summarizes the findings of the investigations made of these four outbreaks:

OUTBREAK	PERSONS INVOLVED	FOOD REPORTED AS CAUSE	PROBABLE CAUSE
No. 1.....	3	Custard cheese cake	Enterotoxin-producing <i>Staphylococcus</i>
No. 2.....	74	Chicken salad	Probably <i>Salmonella</i>
No. 3.....	23	Cooked ham	Enterotoxin-producing <i>Staphylococcus</i>
No. 4.....	70	Turkey dressing	Probably enterotoxin-producing <i>Staphylococcus</i>

Case histories of these four food-poisoning outbreaks are summarized below:

Outbreak No. 1. Three members of a family ate breakfast consisting of a custard cheese cake that was purchased from a local bakery the day before. About four hours later vomiting and diarrhea occurred together with the usual symptoms following ingestion of staphylococcic enterotoxin. A portion of the original cake was obtained and submitted for bacteriologic examination. The total bacterial content per gram of custard was found to be over 250 million. No *Staphylococci*, however, were found. The custard pastry had not been reheated for such safeguarding of this product is practically impossible. *Staphylococci* were found, however, on open cuts on the hand or arm of bakers in the manufacturing plant.

Outbreak No. 2. About one hundred and five persons attended a banquet at which chicken salad was served. Seventy-four of the persons who ate the salad became ill with diarrhea between nine and fourteen hours later. The chickens had been freshly killed, drawn and then cleaned in the kitchen of the school where the banquet was held. The chickens were cooked and placed on the same tray on which the fowl had been cleaned. No food was available for bacteriologic examination. The indications are, however, that this outbreak was caused by an unknown organism, probably one of the *Salmonella* group.

Outbreak No. 3. Twenty-three persons attended an indoor picnic at which ham was served. This ham was cooked in a fireless cooker and allowed to cool unrefrigerated on top of the cooker, in the liquor, for several hours. The meal was eaten at 6:30 P.M. and at 8:00 P.M., thirteen of the individuals were ill. Bacteriologic examination of the ham indicated the presence of a large number of enterotoxin-producing *Staphylococci*.

Outbreak No. 4. A church supper was held on three consecutive nights during which over three hundred persons were served baked chicken, dressing, mashed potatoes, frozen green peas, tomato and lettuce, rolls, butter,

home-made pies and coffee. No illnesses were reported on the first two evenings. On the third evening, however, seventy persons became ill from two to six hours after eating the chicken dressing. Symptoms included vomiting, diarrhea and headache and pains in the lower abdomen. No food was available for bacteriologic examination, for the outbreak was not reported until several days after its occurrence.

It will be noted that in three of the four outbreaks the food was prepared either by individuals who were not trained in the preparation of food for large numbers of persons, or who prepared foods in an environment where facilities for caring for the food were non-existent. The following table summarizes the investigations of food-poisoning outbreaks during the past ten years:

YEAR	ALL OUTBREAKS		MAJOR OUTBREAKS			
	Number	Persons made ill	Number	Persons made ill		PUBLIC EATING PLACES INVOLVED
				Each Outbreak	Total	
Total.....	261	1,974	37		1,227	17
1941.....	20	286	4	3; 74; 23; 70	170	2
1940.....	29	95	4	8; 4; 4; 9	25	2
1939.....	36	213	6	43; 38; 5; 6; 12; 13	117	2
1938.....	41	333	7	2; 100; 15; 100; 9; 5; 40	271	1
1937.....	21	108	6	5; 17; 10; 22; 4	64	2
1936.....	33	137	3	15; 12; 8	35	3
1935.....	23	106	2	27; 9	36	2
1934.....	29	197	1	102	102	0
1933.....	20	138	1	69	69	1
1932.....	9	361	3	9; 29; 300	338	2

Several investigations were made of gastro-intestinal disturbances in institutions, the causes of which were not established. Sanitary recommendations were made, however, in each instance with the hope of preventing recurrence of similar outbreaks.

Personnel

Ferdinand A. Korff, Director
 Etta Levin, Senior Stenographer
 Gern M. Cain, Senior Food Inspector
 John Behr, Food Inspector
 W. W. Stanton, Food Inspector
 L. E. Gerstmyer, Food Inspector
 Charles H. Roehner, Food Inspector
 Morris Cohen, Food Inspector

TABLE NO. 1
INSPECTIONS OF RETAIL, WHOLESALE AND MANUFACTURING
FOOD ESTABLISHMENTS, 1941 AND 1940

INSPECTIONS	1941	1940
All Inspections.....	37,965	38,312
RETAIL ESTABLISHMENTS		
Total.....	9,106	9,879
Initial inspections.....	7,331	7,510
Special inspections including school cafeterias and homes.....	1,061	1,072
Reinspections.....	714	1,297
Ratio of reinspections to initial and special inspections.....	0.085:1	0.15:1
MANUFACTURING ESTABLISHMENTS		
Total.....	2,296	2,528
Initial inspections.....	849	993
Special inspections.....	50	371
Reinspections.....	1,397	1,164
Ratio of reinspections to initial and special inspections.....	1.5:1	0.85:1
WHOLESALE ESTABLISHMENTS		
Total.....	10,603	10,588
Initial inspections.....	2,740	1,798
Special inspections.....	201	86
Reinspections.....	7,653	8,704
Ratio of reinspections to initial and special inspections.....	2.6:1	4.6:1
MARKET STALLS		
Total.....	15,343	14,734
Initial inspections.....	2,759	2,814
Reinspections.....	12,584	11,920
Ratio of reinspections to initial and special inspections.....	4.6:1	4.2:1
MISCELLANEOUS ESTABLISHMENTS		
Total.....	617	583

TABLE NO. 2
 ACTIVITIES IN RETAIL, WHOLESALE AND MANUFACTURING FOOD
 ESTABLISHMENT INSPECTION, 1941 AND 1940

ACTIVITIES	1941	1940
RETAIL ESTABLISHMENTS		
Violation notices issued.....	37	41
Items on violation notices.....	91	78
Percentage of items issued for:		
Insanitary premises.....	20	19
Delinquent permits.....	2	3
Insanitary utensils.....	26	24
Uncleanliness of personnel and protection of food.....	23	15
Unwholesome food.....	29	39
Number of condemnations of food.....	108	37
Hearings within bureau.....	380	56
Samples of food obtained for examination.....	2,309	1,331
Complaints received and investigated.....	533	337
WHOLESALE ESTABLISHMENTS		
Violation notices issued.....	8	7
Number of condemnations of food.....	99	115
Hearings within bureau.....	25	11
Samples of food obtained for examination.....	152	52
MANUFACTURING ESTABLISHMENTS		
Violation notices issued.....	10	12
Number of condemnations of food.....	30	10
Hearings within bureau.....	17	10
Samples of food obtained for examination.....	297	36

TABLE NO. 3
POUNDS OF FOOD CONDEMNED IN WHOLESALE, MANUFACTURING AND RETAIL FOOD
ESTABLISHMENTS, 1941 AND 1940

TYPE OF FOOD	TOTAL	FOUND BY INSPECTIONS	REQUESTED FOR DECISION
1941			
ALL TYPES OF FOOD.....	235,011	111,545	123,466
WHOLESALE FOOD ESTABLISHMENTS			
All types of food.....	115,714	102,343	13,371
Vegetables and fruit.....	14,175	14,175	..
Meats.....	1,004	963	41
Seafood.....	11,571	1,227	10,344
Poultry and game.....	558	280	278
Groceries, canned and bottled goods.....	34,548	31,840	2,708
Baking supplies, nuts and candies.....	53,858	53,858	..
MANUFACTURING FOOD ESTABLISHMENTS			
All types of food.....	83,003	7,271	75,732*
Vegetables and fruit.....	200	200	..
Baking supplies, nuts and candies.....	82,803	7,071	75,732
RETAIL FOOD ESTABLISHMENTS			
All types of food.....	36,294	1,931	34,363**
Meats.....	4,868	540	4,328
Seafood.....	60	60	..
Poultry and game.....	70	70	..
Groceries, canned and bottled goods.....	29,374	539	28,835
Baking supplies, nuts and candies.....	1,427	227	1,200
Milk and dairy products.....	495	495	..
1940			
ALL TYPES OF FOOD.....	1,464,671	50,740	1,413,931
WHOLESALE FOOD ESTABLISHMENTS			
All types of food.....	1,450,677	38,205	1,412,472†
Vegetables and fruit.....	33,142	15,222	17,920
Meats.....	662	55	607
Seafood.....	7,062	1,320	5,742
Poultry and game.....	153	118	35
Groceries, canned and bottled goods.....	1,402,049	20,430	1,381,619
Baking supplies, nuts and candies.....	7,569	1,020	6,549
Milk and dairy products.....	40	40	..
MANUFACTURING FOOD ESTABLISHMENTS			
All types of food.....	13,033	11,853	1,180‡
Groceries, canned and bottled goods.....	2,368	2,368	..
Baking supplies, nuts and candies.....	10,665	9,485	1,180
RETAIL FOOD ESTABLISHMENTS			
All types of food.....	961	682	279
Vegetables and fruit.....	10	10	..
Meats.....	300	21	279
Seafood.....	70	70	..
Poultry and game.....	169	169	..
Groceries, canned and bottled goods.....	390	390	..
Milk and dairy products.....	22	22	..

* Includes 75,732 pounds damaged at fires. † Includes 1,387,103 pounds damaged at fires.

** Includes 32,257 pounds damaged at fires. ‡ Includes 1,180 pounds damaged at fires.

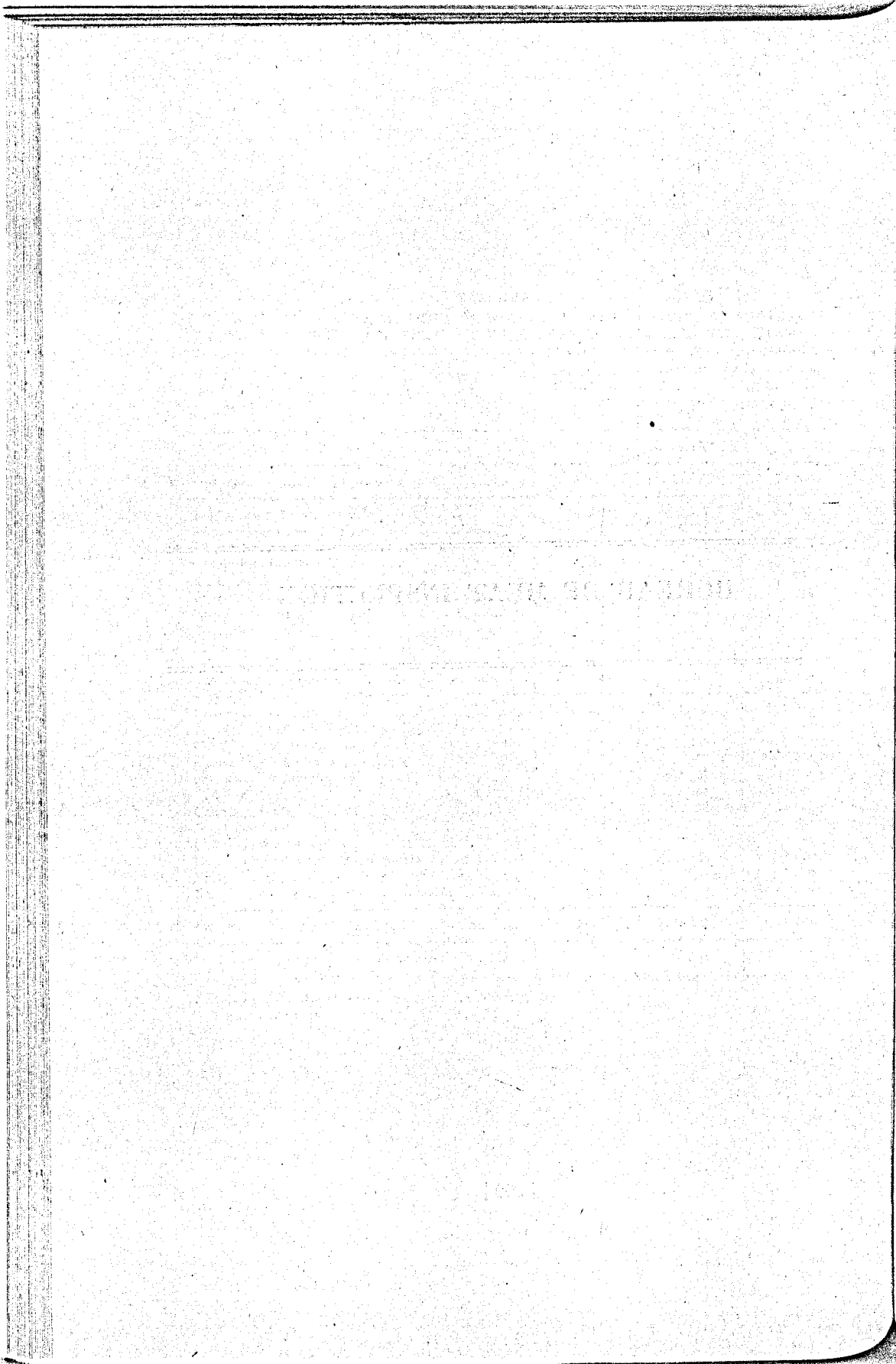
TABLE NO. 4
DISTRIBUTION OF INSPECTIONS OF WHOLESALE AND MANUFACTURING FOOD
ESTABLISHMENTS ACCORDING TO TYPE OF ESTABLISHMENT, 1941 AND 1940

TYPE OF ESTABLISHMENT	NUMBER OF ESTABLISH- MENTS IN CITY, 1941	NUMBER OF INSPECTIONS	
		1941	1940
TOTAL.....	6,974*	28,859*	28,227*
Wholesale and distributing establishments.....	2,749	10,603	10,402
Hucksters and loaded trucks.....	2,500**	2,573	1,907
Commission merchant houses.....	131	6,625	6,616
Wholesale groceries and warehouses.....	34	325	246
Candy jobbing houses.....	37	119	137
Wharves.....	18	609	955
Butter and egg distributing and breaking plants.....	14	27	13
Auction houses.....	5	190	180
Cold storage warehouses.....	3	5	7
Railroad terminals.....	7	130	65
Manufacturing food establishments.....	849	2,296	2,508
Bakeries.....	417	1,245	1,520
Poultry killing—wholesale and retail.....	233	197	141
Candy manufacturing plants.....	81	440	302
Oyster packing plants.....	17	77	154
Soft drink bottling plants.....	24	67	73
Pickling plants.....	22	44	86
Canning plants.....	18	72	66
Salad manufacturing plants.....	15	57	54
Noodle and potato chip plants.....	7	24	35
Cod fish cake manufacturing plants.....	5	29	29
Extract bottling plants.....	7	42	39
Ice cream cone plants.....	3	2	9
Market stalls (12 markets).....	2,759	15,343	14,734
Others, refineries, empty buildings and so forth.....	617	617	583

* Includes miscellaneous establishments and market stalls.

** Approximate amount.

BUREAU OF MEAT INSPECTION



BUREAU OF MEAT INSPECTION

William Brenner, D.V.S.

Chief

The work of the bureau dealt with various inspection duties, enforcement of the meat inspection law and improving conditions in the inspection of livestock, manufacturing of meat food products, and in modernizing plants. The bureau was instrumental in the adoption by Federal agencies of regulations governing the labeling and packaging of meat food products. These regulations require that the ingredients used be arranged in the order of their predominance and shall appear as a part of or in addition to the true name of the product.

A number of plants provided better facilities by the elimination from outside sources of secondhand containers used for packing and delivery of meat products, and of inedible containers from slaughter houses which were defective and insanitary and by the proper marking of such containers. General improvements both as to construction and equipment were made in some plants by the construction of slaughter, tripe and manufacturing departments, loading docks for handling of inedible products, remodeling of old plants, and by the addition of numerous pieces of new equipment.

Eleven plants requested and were granted extra hours of operation in excess of the usual working time and under Health Department inspection. The overtime work affected both classes of inspection and made it necessary for veterinary inspectors to work a total of one hundred and twenty-five hours overtime.

The principal prevailing diseases and conditions found in livestock as causes for condemnation on inspection included: Hog cholera, immaturity, pyemia, pneumonia, emaciation, bruises, jaundice and tuberculosis in whole carcasses; and parasites (kidney, lung, fluke and nodular worms), cysts, abscesses, tuberculosis, cirrhosis and tumors in parts of carcasses.

A summary of the routine activities of the bureau during the year follows:

Establishments provided inspection service.....	162
Out-of-state shippers provided inspection service.....	85
Federally inspected establishments under City supervision.....	12
Establishments supplied inspection service for first time.....	5
Establishments discontinued.....	10

Personnel

William Brenner, D.V.S., Chief

John R. Saunders, D.V.M., Veterinary Inspector

C. D. Skippon, D.V.M., Veterinary Inspector
Franklin C. Herndon, D.V.S., Veterinary Inspector
Robert M. Cory, D.V.M., Veterinary Inspector
William J. Gallagher, D.V.M., Veterinary Inspector
Edward P. Roberts, D.V.M., Veterinary Inspector
Theodore S. List, D.V.M., Veterinary Inspector
Edward J. Moylan, D.V.M., Veterinary Inspector
Bert W. Bierer, V.M.D., Veterinary Inspector
Matthew N. Bean, Meat Inspector
Elmer J. Frederick, Meat Inspector
Lewis A. List, Meat Inspector
Henry A. Miller, Meat Inspector
Thomas J. Morris, Meat Inspector
Philip A. Ottenritter, Meat Inspector
Charles Smith, Meat Inspector
Ernest H. Smith, Meat Inspector
Lawrence Stettmeier, Meat Inspector
Adolph Wobbeking, Jr., Meat Inspector
Helen B. Siemers, Senior Clerk
Marie E. Cerney, Senior Stenographer

BUREAU OF MEAT INSPECTION

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TABLE NO. 1
LIVESTOCK INSPECTED, CONDEMNATION OF ANIMALS,
PRIMAL AND EDIBLE PARTS

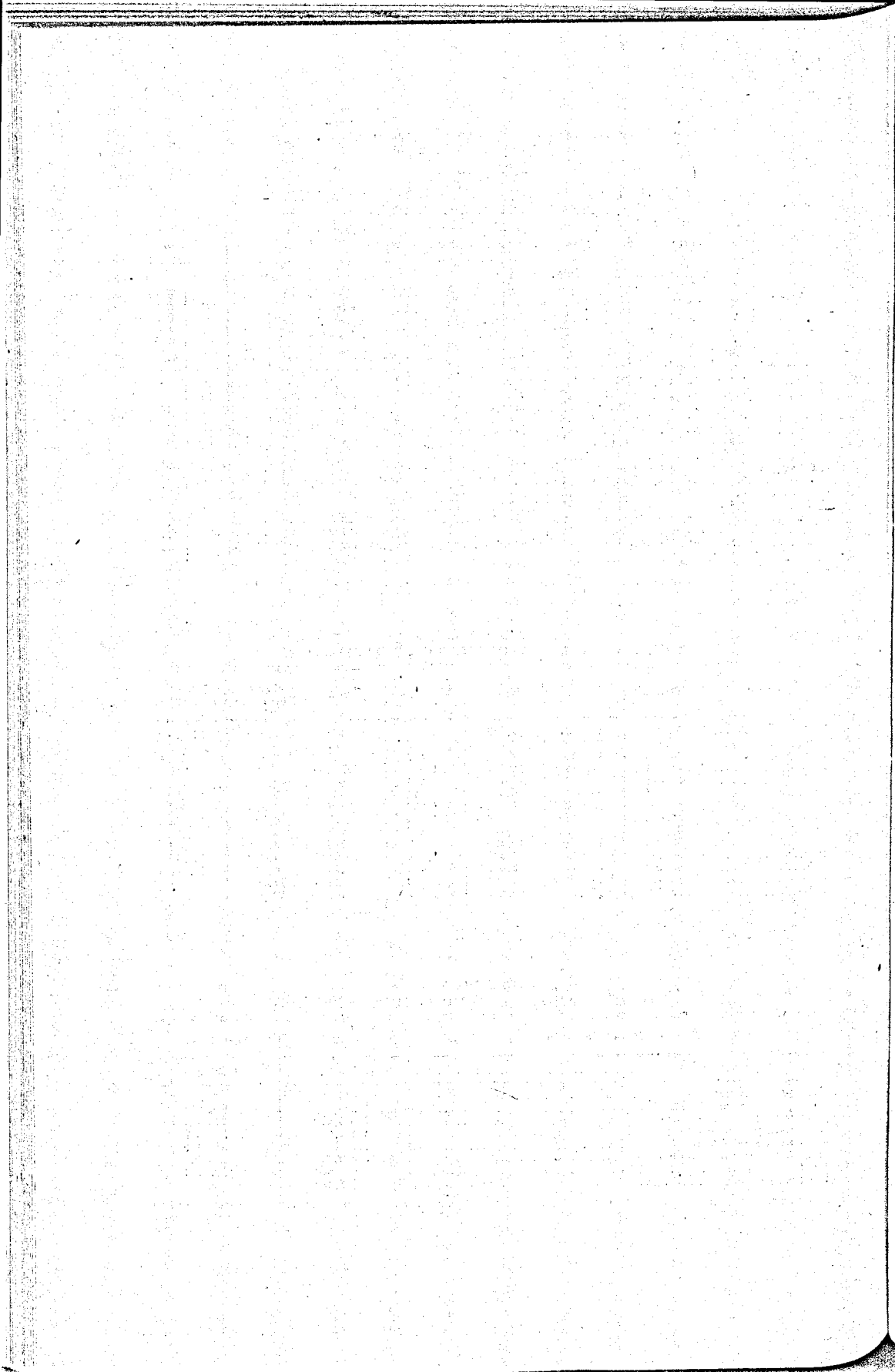
YEAR	CATTLE			CALVES			SHEEP			SWINE			GOATS	
	Inspected	Condemned		Inspected	Condemned		In- spected	Condemned		In- spected	Condemned		Inspected	Condemned Parts
		Carcasses	Parts		Carcasses	Parts		Carcasses	Parts		Carcasses	Parts		
1941.....	35,579	83	2,111	91,174	101	352	90,912	209	11,214	121,791	296	59,728	10	..
1940.....	27,572	96	2,457	91,825	90	731	95,087	70	3,391	143,235	282	43,638	15	..
1939.....	26,827	91	1,424	80,118	62	596	104,189	29	4,299	100,853	139	33,589	38	14
1938.....	20,846	18	1,010	87,854	68	756	100,594	38	4,945	81,103	129	28,256	33	..
1937.....	22,472	28	1,997	97,372	52	543	94,834	22	5,142	86,769	179	26,004	18	..
1936.....	23,211	38	2,308	95,957	74	717	97,275	19	4,946	81,739	126	24,558	18	..
1935.....	27,707	90	4,939	95,017	56	1,158	117,284	23	7,290	81,508	474	28,077	62	..
1934.....	27,355	175	5,448	94,002	58	1,802	97,864	39	5,773	138,116	870	44,105	10	..
1933.....	16,632	68	3,128	83,278	63	2,211	114,782	30	8,783	148,980	320	49,179	41	..
1932.....	21,028	101	3,269	85,618	42	2,328	134,380	23	13,363	167,782	384	61,813	14	..
1931.....	22,403	159	3,286	87,117	57	1,287	130,494	55	10,161	162,312	525	45,344	12	..
1930.....	27,131	248	5,629	89,420	76	825	129,185	47	12,827	153,755	551	34,145	8	..
1929.....	22,837	184	4,119	78,400	44	915	105,548	63	17,827	137,374	774	41,990	13	..
1928.....	10,885	81	1,141	31,857	13	430	51,610	54	8,292	122,939	893	36,232	..	..

TABLE NO. 2
POUNDS OF MEAT CONDEMNED ON REINSPECTION

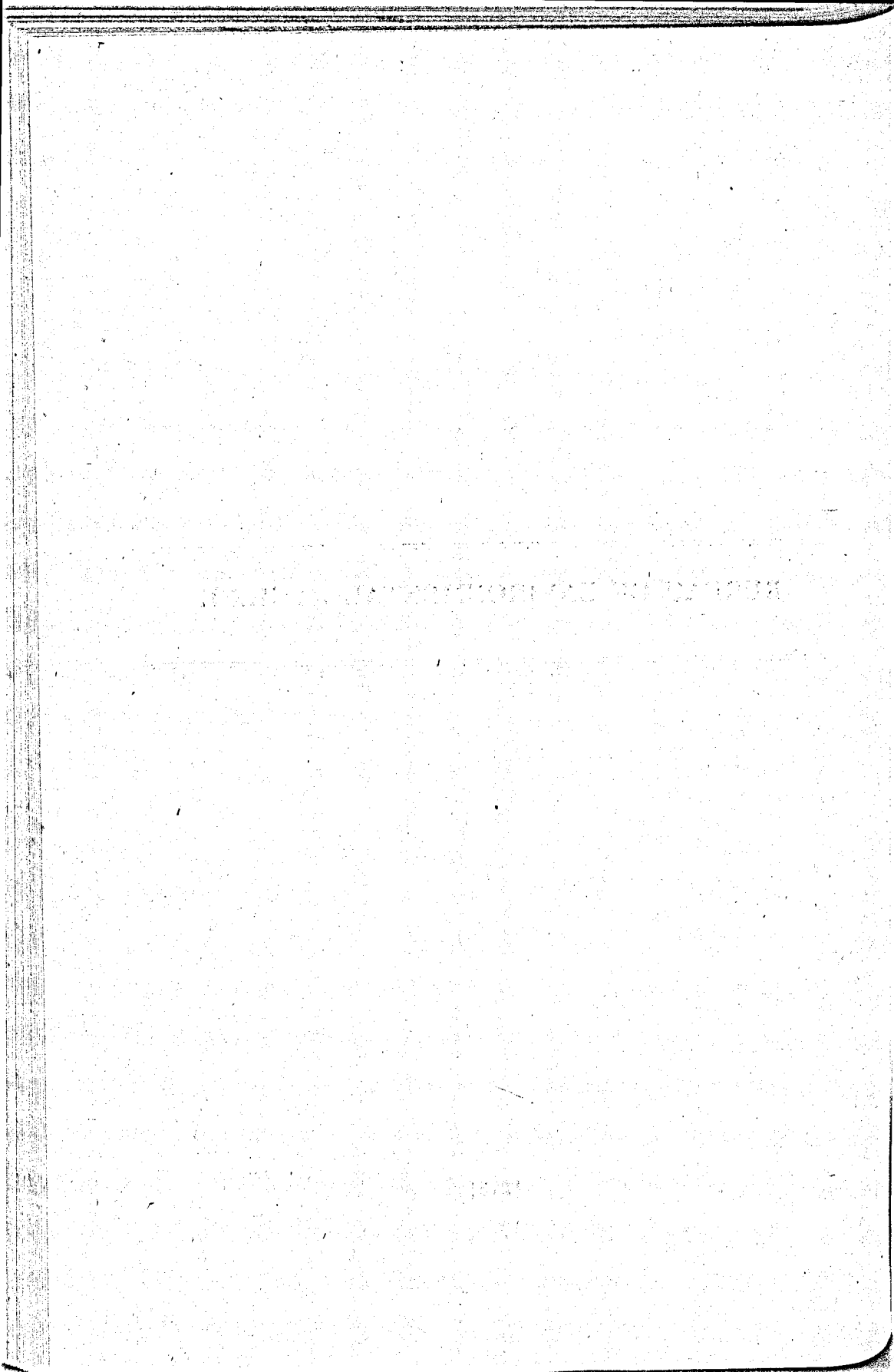
YEAR	TOTAL	PORK	BEEF	MUTTON	VEAL	MEAT PRODUCTS	MIXED PRODUCTS
1941.....	58,200	14,765	21,043	2,009	629	7,409	12,345
1940.....	37,779	20,318	7,564	677	791	5,054	3,357
1939.....	30,630	10,604	7,384	570	497	3,799	7,676
1938.....	41,021	7,243	11,704	1,926	3,726	8,685	7,727
1937.....	35,324	9,450	15,414	454	557	7,707	1,742
1936.....	41,413	10,628	16,413	443	588	2,885	10,458
1935.....	33,024	10,511	7,888	1,202	503	6,374	6,546
1934.....	86,038	49,139	16,094	1,884	877	4,352	12,712
1933.....	38,967	20,761	5,456	307	283	2,509	9,651
1932.....	60,306	21,155	10,196	278	250	4,154	24,273
1931.....	50,202	20,528	9,349	1,134	1,903	4,070	13,218
1930.....	58,467	30,383	8,937	485	116	5,738	15,808
1929.....	32,861	16,056	4,754	309	45	11,697	..
1928.....	42,270	15,147	6,617	1,272	161	19,073	..

TABLE NO. 3
POUNDS OF MEAT AND MEAT FOOD PRODUCTS PREPARED

TYPE OF MEAT PRODUCTS	CITY	COUNTIES
Total pounds.....	11,590,619	2,821,334
Meat products (fresh).....	445,725	..
Meat products (smoked).....	1,939,216	635,005
Meat food products (fresh).....	1,594,950	413,152
Meat food products (smoked).....	4,451,633	513,875
Meat food products (cooked).....	1,273,388	358,155
Meat food products (boiled).....	672,223	174,146
Lard.....	1,090,304	727,001
Lard compound.....	123,180	..



BUREAU OF ENVIRONMENTAL HYGIENE



BUREAU OF ENVIRONMENTAL HYGIENE

George W. Schucker, B.E.

Director

Attention to health hazards in industrial plants and to bad housing was increased with the influx of thousands of workers who came to the city, with their families, for employment in the rapidly expanding defense industries. Important advances in the control of hygienic housing were made possible by two new ordinances, one relating to the hygiene of housing and the other to rooming houses, lodging houses and hotels, and by the appointment of three inspectors to new positions to devote their entire time to the health problems of housing.

Personnel

The director of the bureau was called to active duty with the U. S. Army on June 13, and Mr. George O. Motry, Chief of the Division of Community Sanitation was called to military service on November 3. Mr. Charles E. Couchman became the Chief of the Division of Industrial Hygiene.

Industrial Hygiene

Expansion of industrial plants engaged with defense contracts, marked increase in employment in these industries and the use of new materials or the more extensive use of the more common substances demonstrated the need for placing these vital industries first in importance for industrial hygiene services. Two hundred and fifty plants engaged wholly or in part in defense work, and employing approximately 33,000 persons, were inspected. Where exposures to toxic materials existed, evaluations of the concentrations of these substances in the workroom environments were made. There were 487 improvements made in industrial plants for the health and welfare of employees. Most of these resulted from recommendations made at the time of inspection by the Health Department.

Special Activities

Toxic Dusts

Technical studies were made for evaluating exposures to the following toxic dusts: Arsenic, chromic acid, lead, manganese, selenium and silica. A few plants were found to be exceeding maximum allowable concentrations and recommendations for adequate control measures were presented to the plant managements and carried out in most instances. Several of

these investigations were conducted with the cooperation of the plant physician and the Bureau of Occupational Diseases.

Hazardous Vapors

An apparent increase in the use of benzol as a solvent, particularly in connection with rubber cements, was studied in several establishments. Where concentrations above the physiological limit were found in the workroom air, adequate protective measures were recommended together with periodic medical examinations of employees exposed to this solvent. Studies were also made of exposures to the following vapors: Chlorinated hydrocarbons, mercury and xylene.

Radium-Containing Paints

With the cooperation of the Division of Industrial Hygiene of the U. S. Public Health Service, a study was made of the extent of exposure to radium emanations in connection with the use of radium-containing paint for luminous dial painting. Arrangements were made for periodic medical examinations of employees and advice given for additional precautionary measures which were executed promptly.

Miscellaneous Activities and Studies

1. Preliminary inspections of the rapidly expanding shipbuilding industry were made in order to become acquainted with the potential health hazards that might be encountered and to extend to officials in charge the industrial hygiene services of the Department.
2. Cooperation was given the Director of the Bureau of Occupational Diseases in presenting the syphilis control program of the City Health Department to several industrial plants and in arranging for the distribution of the "*Parents Register for Health Service Cards*" through plant management to the worker-families from out of the city and state.
3. Participation was given in the first Maryland State-Wide Safety Conference sponsored by the State Industrial Accident Commission.
4. Investigations were made of hair-waving preparations containing ammonium hydrogen sulphide. These were found to have been used in seven Baltimore beauty parlors but had been discontinued on government order.
5. A study was conducted of the possible eye injuries in connection with the use of special ultra violet lamps used for sterilization purposes in food handling and storage. The results indicated

the need for warning and for precautionary measures to be taken in order to prevent injury.

6. The following laboratory determinations were made exclusive of those done by the Bureau of Laboratories:

Carbon monoxide—blood tests.....	5
Dust concentrations in air.....	18

7. In the study of environmental conditions in industrial plants, the following field determinations were made of:

Air velocities.....	13
Illumination intensities.....	15
Temperature and relative humidity.....	54
The presence of	
Carbon monoxide.....	51
Halogenated hydrocarbons.....	36
Mercury.....	2

Gas Appliance Ordinance

Activities engaged in to enforce the Gas Appliance Ordinance are shown in the following summary:

GAS APPLIANCE ORDINANCE—ENFORCEMENT ACTIVITIES

ACTIVITIES	1941	1940
Inspections.....	2,494	2,821
Violations.....	132	267
Detentions of unapproved appliances.....	44	40
Hearings of violations.....	0	0
Gas appliances registered.....	664	1,326
Gas fitters registered.....	74	64

GAS APPLIANCE DEALERS

LICENSES ISSUED	1941	1940
Total.....	486	637
New.....	2	6
Renewals.....	484	631

Community Sanitation

Nuisance complaints increased from 5,904 in 1940 to 6,849 in 1941. General insanitary conditions, defective toilet facilities and improper garbage disposal were the chief causes for this increase.

Housing

The bureau assisted in the Department's expanded housing program and in the course of investigations, two dwellings were vacated and nine were demolished with the cooperation of the Buildings Engineer because of their unfitness for human habitation. Of most importance, especially at a time when an acute housing shortage existed, was the compliance or partial compliance with notices to correct insanitary housing conditions found in one hundred and forty-four dwellings, most of which were of the multiple family type.

Homes for the Aged

Cooperation was given to the City Department of Public Welfare by making inspections and recommendations in connection with sanitary conditions of homes for the aged in accordance with license requirements for such establishments. Forty homes for the aged were inspected and necessary improvements in sanitation were made in most instances in compliance with suggestions.

Trailer Camps

The influx of defense workers with their families from other states in automobiles with trailers resulted in the establishment of trailer camps at locations not designed or properly equipped for this mode of living. Regulatory measures for trailer camps and tourist cabins are included in the new Building Code for Baltimore City, Ordinance No. 578, approved October 31, 1941. A special ordinance is now required for the establishment of each trailer or tourist cabin camp within the city limits. Preliminary inspections were made of several trailer camps established prior to the enactment of the ordinance in order to prevent the development of nuisances.

Water Supplies

The sanitary quality of the city water supply as delivered to the consumers was evaluated by the collection and Health Department testing of 1,358 samples from taps throughout the distribution system. The Bureau of Water Supply in the Department of Public Works also tests the water. The percentage of ten c.c. portions showing the presence of coliform bacteria was 1.93 in Health Department tests as compared to 0.82 for 1940. During the year the program of installing automatic chlorinators on open reservoirs was completed. Other water supplies inspected and sampled included public and semi-public springs and wells, private wells on request, commercial bottled waters and industrial plant supplies other than city water.

Swimming Pools

Pool water of all indoor and outdoor swimming pools were inspected periodically and samples of the water were tested throughout the operating season. While the indoor pools and the commercial outdoor pools continued to merit satisfactory sanitary ratings, the public park pools because of failure to modernize in accordance with present day concepts of swimming pool sanitation were not given satisfactory ratings.

Miscellaneous Activities

1. Cooperation was given the Buildings Engineer and the Fire Department in making a study of housing conditions in that section of the Fourth Ward where a large number of rooming houses are located. The purpose of the survey was to determine the extent of overcrowding, the adequacy of exits and fire protection, and to investigate insanitary housing conditions.
2. In cooperation with the Director of the Bureau of Communicable Diseases, investigations were made of housing conditions and other environmental factors in connection with several cases of typhoid fever and diphtheria.
3. The psittacosis ordinance was enforced by having a shipment of four pairs of parakeets to a local mercantile establishment returned to the distributor in Chicago, Illinois. An inspection of the pet shops in the city at the close of the year revealed no psittacine birds for sale.
4. The rat control educational program on a neighborhood basis was continued throughout the year. Ratproofing requirements for new buildings and reconstructed buildings were included in the new Building Code for Baltimore.

Plumbing

There were 2,088 potential cross connections prevented or eliminated during 1941. A study of the plumbing systems in hotels resulted in the elimination of 230 such connections. Completion of the survey of plumbing systems in meat establishments begun in 1940 was responsible for the correction of a total of 230 potential cross connections in these places. Close scrutiny was given to the installation of air conditioning systems to prevent any hazardous connections.

Percentage of Sewer-connected Properties

Records kept of properties connected to sewers during the year and of properties disconnected because of demolition showed that at the end of the year 99.1 per cent were connected within the old city limits and 90.5

per cent were connected in the area annexed in 1918. For the city as a whole 97.1 per cent of all buildings were provided with connections to the sanitary sewer system. This included the relatively large number of frost-proof yard hoppers, which are generally found to be defective and rat infested and located in the older sections of the city.

Personnel

George W. Schucker, Director
Ruth Rubin, Senior Stenographer
Phyllis C. Beck, Senior Stenographer
Charles E. Couchman, Chief, Division of Industrial Hygiene
Albert J. Grossman, Senior Inspector of Industrial Hygiene
Donald J. Harris, Senior Inspector of Industrial Hygiene
Felix H. Pretsch, Senior Inspector of Industrial Hygiene
Howard R. Coggins, Food Inspector
John A. Zerhusen, Food Inspector
John H. Pike, Plumbing Inspector
Henry G. Rausch, Plumbing Inspector
William J. Wheeler, Plumbing Inspector
Joshua L. Norris, Plumbing Inspector
Julius A. Messina, Senior Sanitary Inspector
Jacque G. Ayd, Senior Sanitary Inspector
G. Yates Cook, Senior Sanitary Inspector
William R. Dunaway, Senior Sanitary Inspector
Milton Friedman, Senior Sanitary Inspector
Carroll H. Reynolds, Chief Inspector of Plumbing
Charles B. Creighton, Plumbing Inspector
George J. Fitch, Plumbing Inspector
Joseph P. Reynolds, Plumbing Inspector
Benjamin F. Schwarzmman, Plumbing Inspector
Walter Underwood, Plumbing Inspector
Daniel B. Yeagle, Plumbing Inspector
Jacob G. Vogtmann, Principal Clerk
Joseph B. Finnan, Senior Clerk
Donald A. Stockley, Senior Clerk
Frederick Sauers, Laborer

TABLE NO. 1
HEALTH AND ACCIDENT HAZARDS ELIMINATED IN INDUSTRIAL PLANTS

TYPE OF IMPROVEMENT	1941	1940
Total.....	487	946
Accident hazards.....	43	55
Atmospheric pollution.....	24	16
Drinking facilities:		
Adequacy.....	14	2
Common cup.....	16	11
Insanitary fountains corrected.....	31	22
Cross connections.....	4	9
Exposure to carbon monoxide eliminated.....	8	309
Exposure to other toxic materials eliminated.....	82	56
First aid kits provided.....	5	5
First aid attendant employed.....	8	0
Gas appliances:		
Approved tubing installed.....	1	0
Defective appliances corrected.....	1	1
Drafhoods on appliances.....	2	130
Venting of appliances.....	4	179
• Goggles for ultra-violet and infra-red rays provided.....	3	3
Insanitary premises.....	6	17
Lighting improved.....	37	24
Lockers provided.....	15	11
Medical examinations instituted.....	14	0
Nurse, full-time, employed.....	1	0
Noise eliminated.....	0	1
Rest period provided.....	1	0
Rodent and vermin infestations eliminated.....	0	1
Salt tablets provided.....	2	3
Sick benefit associations formed.....	2	0
Toilet facilities:		
Adequacy.....	28	10
Defects corrected.....	15	10
Improved.....	14	6
Sanitation improved.....	26	24
Ventilation improved.....	13	11
Washing facilities:		
Adequacy.....	13	7
Common towel eliminated.....	6	1
Foot baths installed.....	0	1
Showers provided on premises.....	9	7
Water provided on premises.....	0	2
Improved.....	13	1
Other improvements:		
New building and equipment.....	7	4
Separate building for sanitary facilities.....	0	1
Rest rooms provided.....	4	1
Lunch room provided.....	1	1
Betterment of location.....	2	4
First aid room provided.....	7	0

TABLE NO. 2
DETAILED STUDIES MADE (NUMBER OF STUDIES)

[illegible]

TABLE NO. 3
SUMMARY OF INDUSTRIAL PLANTS SURVEYED, CLASSIFIED ACCORDING TO TYPE OF PLANT,
AND POTENTIALLY HAZARDOUS MATERIALS

TYPE OF PLANT	NUMBER OF EMPLOYEES		HAZARDS																									
	NUMBER OF PLANTS	NUMBER OF EMPLOYEES	DUST		GASES					VAPOURS								METALS					MISCELLANEOUS					
			Silica	Other Inorganic	Organic	Acetylene	Carbon Dioxide	Carbon Monoxide	Fluorine	Nitrogen Oxides	Sulphur Dioxide	Alcohols and Esters	Aromatic Hy-drocarbons	Benzol	Chlorinated Hy-drocarbons	Petroleum Products	Waxes and Naphthas	Antimony	Cadmium	Lead	Zinc	Other	Acids	Alkalis	Infections	Oils	Skin Irritants	Tars
All Plants Surveyed.....	112	13,141	19	32	27	6	1	41	1	9	3	6	19	6	2	7	6	4	3	34	10	7	18	11	3	13	12	5
Asphalt products manufacturing.....	23																											
Animal food manufacturing.....	2	19		1	1		1																					
Apparel manufacturing.....	2	50																										
Brick, cement, etc., industries.....	2	198		2																								
Chemical manufacturing.....	5	1,133		2	3			1	1	2																		
Clothing manufacturing.....	12	794																										
Electrical apparatus manufacturing.....	2	57						5	1																			
Electroplating.....	2	57																										
Food industry.....	4	497		1	1			1																				
Furniture.....	10	319	9	6	1			7																				
Furniture manufacturing.....	1	32																										
Laundries.....	1	32																										
Metal goods fabrication.....	38	4,973	5	12	2		2	15		5		3	8	1	2		3	1	12	2	2	2	9	5	6	1	1	
Paper goods manufacturing.....	2	172		1	1			2																				
Petroleum.....	2	1,006																										
Printing & lithographing plants.....	2	170																										
Rag industry.....	1	20																										
Rendering plants.....	1	38																										
Shipbuilding industry.....	2	2,000		1	1		1	2		2		2	2															
Textile manufacturing.....	4	1,195																										
Woodworking plants.....	12	610	5	4	11		1						3															

TABLE NO. 4
ACUTE CASES OF CARBON MONOXIDE POISONING (ILLUMINATING GAS) 1923-1941

YEAR	TOTAL CASES	SUICIDES AND ATTEMPTED SUICIDES	ACCIDENTS
1941.....	137	95	42
1940.....	174	102	72
1939.....	202	77	125
1938.....	130	82	48
1937.....	114	71	43
1936.....	218	63	155
1935.....	130	80	50
1934.....	154	100	54
1933.....	157	100	57
1932.....	172	101	71
1931.....	152	93	59
1930.....	184	96	88
1929.....	142	78	64
1928.....	136	75	61
1927.....	154	81	73
1926.....	211	87	124
1925.....	130	60	70
1924.....	166	49	117
1923.....	241	75	166

TABLE NO. 5
NON-FATAL AND FATAL ACCIDENTS FROM ILLUMINATING GAS AND DEFECTIVE
APPLIANCES FROM 1930-1941

YEAR	TOTAL	ACCIDENTS FROM UNBURNED GAS		ACCIDENTS FROM INCOM- PLETE COMBUSTION OF GASES		DEFECTIVE APPLIANCES CAUSING ACCIDENTS
		Non-Fatal	Fatal	Non-Fatal	Fatal	
1941.....	42	22	6	14	0	3
1940.....	72	45	6	19	2	5
1939.....	125	32	9	83	1	7
1938.....	48	30	12	6	0	0
1937.....	43	31	11	1	0	1
1936.....	155	131	22	2	0	0
1935.....	50	33	17	0	0	1
1934.....	54	41	13	0	0	3
1933.....	57	36	21	0	0	2
1932.....	71	36	29	5	1	6
1931.....	59	36	20	3	0	5
1930.....	88	55	28	2	3	9

TABLE NO. 6
COMPLAINTS, PATROL AND SPECIAL INVESTIGATIONS

TYPE OF CONDITION	COMPLAINTS RECEIVED		PATROL AND SPECIAL INVESTIGATIONS MADE	
	1941	1940	1941	1940
Total.....	6,849	5,904	3,589	2,185
Complaints				
Ashes and garbage.....	521	352	10	10
Building defects.....	26	32	3	4
Choked sewers.....	139	107	14	17
Dead animals.....	29	28	2	3
Defective drainage.....	136	185	46	75
Defective plumbing.....	346	307	42	83
Defective toilet facilities.....	745	554	26	15
Fowls and animals.....	67	80	56	37
Grass and weeds.....	336	241	74	46
Insanitary conditions.....	2,177	1,631	383	232
Insects.....	153	76	15	9
Insufficient heat.....	51	33	1	5
Miscellaneous.....	359	290	23	30
Privies and cesspools.....	36	28	23	5
Rats.....	830	791	51	30
Water in cellar.....	898	1,169	58	45
Special investigations				
Barber shops.....	..	..	1	0
Carnivals.....	..	..	0	0
City dumps.....	..	..	2	2
Color tests.....	..	..	266	576
Filling stations.....	..	..	0	0
Garbage grinders.....	..	..	0	0
Homes for the aged.....	..	..	56	0
Housing inspections.....	..	..	1,284	0
Housing reinspections.....	..	..	279	0
Incinerators.....	..	..	0	0
Moving picture houses.....	..	..	5	1
Night soil dumps.....	..	..	4	0
Parks and squares.....	..	..	1	1
Pet shops.....	..	..	34	1
Private dumps.....	..	..	0	0
Railroad stations.....	..	..	0	0
Rat surveys.....	..	..	53	98
Rat resurveys.....	..	..	21	58
Rooming houses				
New.....	..	..	309	162
Renewal.....	..	..	393	593
Refused permits on first inspection.....	..	..	41	19
Schools.....	..	..	1	3
Slum area surveys.....	..	..	5	8
Trailer camps.....	..	..	1	0
Unsewered area surveys.....	..	..	2	9
Vacant buildings.....	..	..	4	8

TABLE NO. 7
COMPLAINT, PATROL AND SPECIAL INSPECTIONS

TYPE OF INSPECTION	1941	1940
Total.....	12,308	11,575
Complaint.....	6,878	7,837
Patrol and special.....	3,589	2,185
Reinspection.....	1,841	1,553

TABLE NO. 8
COMPLAINTS

ACTION TAKEN	1941	1940
Handled by inspectors.....	6,151	5,511
Referred direct to other bureaus or departments.....	114	80
Investigated and referred to other bureaus or departments.....	1,506	1,882
Investigated and referred to police for follow-up.....	2,270	2,153
Notices issued to abate nuisances.....	2,445	2,281
Hearings for failure to comply with notices.....	135	106
Summonses issued for failure to comply with notices.....	9	5
DISPOSITION		
Total.....	6,265	5,601
Abatement by inspector.....	858	829
Cancelled (withdrawn or corrected before inspection).....	2,723	1,834
Conditions of no health significance.....	1,064	966
Direct reference to other bureaus or departments.....	114	90
Investigated and referred to other bureaus or departments.....	1,506	1,882
Reported abated by police.....	2,360	2,437
Complaints pending.....	1,173	589

TABLE NO. 9
DWELLING INSPECTIONS

		STATE OF REPAIR			
		Satisfactory	Minor Repairs Needed	Major Repairs Needed	Unfit for Habitation
Number of dwellings inspected.....	292	61	146	68	17
Maintenance Defects					
Overcrowding.....	26	4	17	5	0
Basement occupancies.....	16	3	11	2	0
Trash accumulations.....	139	4	78	43	14
Improper garbage disposal.....	103	3	51	35	14
Rat infestation.....	149	2	78	55	14
Vermin infestation.....	84	0	43	28	13
Plumbing defects.....	153	4	76	59	14
Inadequate toilet facilities.....	49	5	31	10	3
Inadequate washing facilities.....	60	14	32	9	5
Fire hazards.....	104	10	62	28	4
Defective drainage.....	34	0	12	18	4
Inadequate ventilation.....	14	5	9	0	0

TABLE NO. 10
HANDLING OF DWELLING INSPECTIONS

ACTION TAKEN	1941
Notices issued	
To owners.....	194
To tenants.....	73
To vacate premises or dwelling unit.....	5
Notice disposition	
Complied with.....	32
Partial compliance.....	112
No compliance.....	29
Hearings for failure to comply with notices.....	44
Summonses issued for failure to comply with notice.....	2
DISPOSITION	
No violations found.....	21
Dwelling units improved.....	81
Dwellings vacated.....	2
Dwellings demolished.....	9
Referred to the Bureau of Buildings.....	12

TABLE NO. 11
HOUSING INSPECTIONS

TYPE OF INSPECTION	1941
Total.....	642
Dwellings.....	292
Rooming houses.....	62
Homes for the aged.....	40
On applications to Buildings Engineer.....	5
Special investigations.....	3
Reinspections.....	240

TABLE NO. 12
METHODS OF SEWAGE DISPOSAL

METHOD OF DISPOSAL	TOTAL TO DECEMBER 1941	NEW CONNECTIONS	DISCONNECTED
Connections to sanitary sewers.....	189,306	2,086	472
Private drains to sanitary sewers.....	15,126	27	..
Connections to storm water outlets.....	11,348	390	..
Privies.....	..	..	27
Cesspools.....	..	..	53

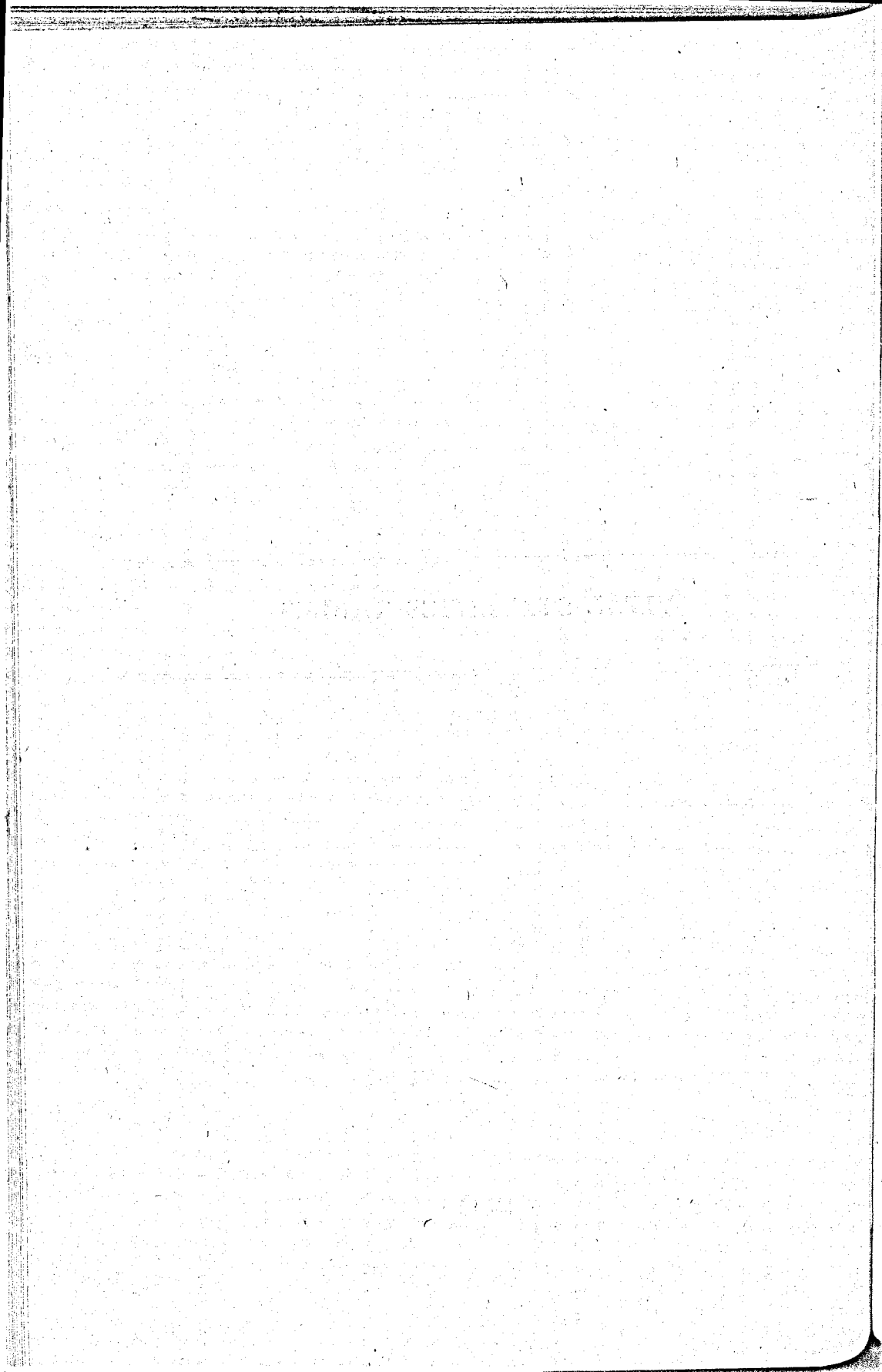
TABLE NO. 13
PERMITS, PLUMBING INSPECTIONS AND PLUMBING FIXTURES INSTALLED

GROUP	1941	1940
Total permits issued.....	12,997	12,314
Permits for sanitary sewer connections.....	3,877	2,495
Permits for plumbing installations.....	9,320	9,819
Inspections of plumbing.....*	26,727	22,651
Plumbing fixtures installed.....	27,051	28,016
Bathtubs.....	4,875	4,764
Miscellaneous.....	1,100	1,009
Sinks.....	4,659	4,903
Slophoppers.....	35	87
Urinals.....	208	279
Washbasins.....	6,484	6,755
Water closets.....	7,747	7,860
Wash trays.....	2,143	2,359

TABLE NO. 14
CROSS CONNECTIONS PREVENTED OR CORRECTED

TYPE	1941	1940
Total.....	2,088	1,036
Air conditioning unit.....	12	5
Frostproof closet.....	1,772	650
Drinking fountain.....	11	3
Bar and soda fountain.....	7	14
Water closet.....	13	33
Bathtubs.....	93	61
Washbasin.....	98	76
Dish washer.....	3	11
Steam table.....	0	3
Wash tray.....	5	0
Cellar drainer.....	9	0
Industrial.....	63	178
Laundry type.....	2	0
Direct connection.....	0	1
Dry cleaning type.....	0	1

VITAL STATISTICS TABLES



Vital Statistics Tables

1941

- TABLE NO. 1. ESTIMATED POPULATIONS AND RECORDED DEATH RATES; TOTAL, WHITE, COLORED, BALTIMORE—1931-1941.
- TABLE NO. 2. ESTIMATED POPULATION, MARRIAGES, RECORDED AND RESIDENT BIRTHS AND DEATHS BY RACE AND CORRESPONDING RATES PER 1,000 POPULATION—1931-1941.
- TABLE NO. 3. MONTHLY DISTRIBUTION OF RESIDENT LIVE BIRTHS AND STILLBIRTHS CLASSIFIED ACCORDING TO COLOR AND SEX—1941.
- TABLE NO. 4. LIVE AND STILLBIRTHS CLASSIFIED ACCORDING TO ATTENDANCE, HOSPITALIZATION, TERM, PLURALITY AND NATIVITY—1941.
- TABLE NO. 5. RESIDENT DEATHS CLASSIFIED BY COLOR, SEX, AND AGE AND DISTRIBUTED BY COLOR AND AGE BY MONTHS—1941.
- TABLE NO. 6. INSTITUTIONAL DEATHS OCCURRING IN BALTIMORE, MEDICAL EXAMINERS' CERTIFICATES AND CERTIFICATES RECORDING AUTOPSY CLASSIFIED ACCORDING TO COLOR AND SEX—1941.
- TABLE NO. 7. RESIDENT DEATHS UNDER ONE YEAR FROM CERTAIN CAUSES ACCORDING TO AGE AND MONTH OF DEATH—1941.
- TABLE NO. 8. RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE, WITH DEATH RATE PER 100,000 POPULATION—1941.
- TABLE NO. 9. RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN CAUSES AND GROUP OF CAUSES, CLASSIFIED BY COLOR—1941.
- TABLE NO. 10. ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE, BALTIMORE—1941.
- TABLE NO. 11. RESIDENT AND RECORDED DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR TOTAL, WHITE AND COLORED POPULATIONS—1931-1941.

TABLE NO. 12. RESIDENT AND RECORDED DEATHS UNDER ONE MONTH OF AGE, DEATHS UNDER ONE YEAR OF AGE, AND MATERNAL DEATHS WITH CORRESPONDING DEATH RATES—1932-1941.

TABLE NO. 13. CASES OF REPORTABLE DISEASES CLASSIFIED ACCORDING TO SEX, COLOR AND AGE PERIODS—1941.

TABLE NO. 14. REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN COMMUNICABLE DISEASES FOR TOTAL, WHITE AND COLORED POPULATION—1931-1941.

TABLE NO. 1
ESTIMATED POPULATIONS AND RECORDED DEATH RATES;
TOTAL, WHITE, COLORED, BALTIMORE—1930-1941

YEAR	ESTIMATED POPULATION AS OF JULY 1			DEATH RATES PER 1,000 POPULATION		
	Total	White	Colored	Total	White	Colored
1941.....	866,000	698,000	168,000	13.40	12.46	17.32
1940.....	860,456	693,268	167,188	13.43	12.67	16.60
1939.....	855,033	690,318	164,715	12.72	12.13	15.21
1938.....	849,610	687,348	162,262	13.05	12.38	15.91
1937.....	844,187	684,361	159,826	13.97	13.09	17.72
1936.....	838,764	681,356	157,408	13.73	12.64	18.45
1935.....	833,341	678,332	155,009	13.38	12.31	18.04
1934.....	827,918	675,291	152,627	13.43	12.46	17.68
1933.....	822,495	672,232	150,263	13.13	12.26	17.00
1932.....	817,072	669,155	147,917	13.19	12.04	18.35
1931.....	811,649	666,059	145,590	14.20	12.91	20.07
1930.....	806,226	662,946	143,280	13.94	12.70	19.65

For corresponding figures from 1890 to 1929, see Annual Report of 1939, page 263.

TABLE NO. 2
ESTIMATED POPULATION, MARRIAGES, RECORDED AND RESIDENT BIRTHS AND
DEATHS BY RACE AND CORRESPONDING RATES
PER 1,000 POPULATION, 1930-1941

YEAR	TOTAL		WHITE		COLORED	
	Number	Rate	Number	Rate	Number	Rate
Estimated population as of July 1, 1941.....	866,000	..	698,000	..	168,000	..
MARRIAGES						
RECORDED						
1941.....	15,966	18.4	12,256	17.6	3,710	22.1
1940.....	11,305	13.1	8,653	12.5	2,647	15.8
1939.....	8,501	9.9	6,569	9.5	1,932	11.7
1938.....	8,521	10.0	6,578	9.6	1,943	12.0
1937.....	8,849	10.5	6,763	9.9	2,086	13.0
1936.....	8,134	9.7	6,208	9.1	1,926	12.2
1935.....	7,254	8.7	5,695	8.4	1,559	10.0
1934.....	7,235	8.7	5,494	8.1	1,741	11.4
1933.....	5,804	7.0	4,278	6.4	1,526	10.2
1932.....	5,345	6.5	4,069	6.1	1,276	8.6
1931.....	6,116	7.5	4,720	7.1	1,396	9.6
1930.....	6,557	8.1	5,159	7.8	1,398	9.8
BIRTHS						
RESIDENT						
1941.....	15,965	18.5	11,886	17.0	4,109	24.4
1940.....	13,712	15.9	10,105	14.6	3,607	21.6
1939.....	12,525	14.6	9,211	13.3	3,314	20.1
1938.....	13,208	15.5	9,892	14.4	3,316	20.4
1937.....	12,516	14.8	9,370	13.7	3,146	19.7
1936.....	11,801	14.1	9,956	13.1	2,845	18.1
1935.....	12,332	14.8	9,363	13.8	2,969	19.2
1934.....	12,201	14.7	9,196	13.6	3,005	19.7
1933.....	12,189	14.8	9,130	13.6	3,059	20.4
1932.....	12,785	15.6	9,737	14.6	3,048	20.6
RECORDED						
1941.....	19,406	22.4	14,992	21.5	4,414	26.3
1940.....	16,478	19.2	12,582	18.1	3,896	23.3
1939.....	14,887	17.4	11,350	16.4	3,537	21.5
1938.....	15,275	18.0	11,763	17.1	3,512	21.6
1937.....	14,272	16.9	10,921	16.0	3,351	21.0
1936.....	13,277	15.8	10,272	15.1	3,005	19.1
1935.....	13,641	16.4	10,521	15.5	3,120	20.1
1934.....	13,453	16.2	10,308	15.3	3,145	20.6
1933.....	13,409	16.3	10,211	15.2	3,198	21.3
1932.....	14,007	17.1	10,833	16.2	3,174	21.4
1931.....	14,166	17.4	11,012	16.5	3,154	21.7
1930.....	14,948	18.5	11,696	17.6	3,252	22.7
DEATHS						
RESIDENT						
1941.....	11,160	12.9	8,132	11.7	3,028	18.0
1940.....	11,096	12.9	8,243	11.9	2,853	17.1
1939.....	10,386	12.1	7,907	11.4	2,479	15.0
1938.....	10,618	12.5	8,034	11.7	2,584	15.9
1937.....	11,244	13.3	8,445	12.3	2,829	17.7
1936.....	11,053	13.2	8,134	11.9	2,924	18.6
1935.....	10,707	12.8	7,917	11.7	2,790	18.0
1934.....	10,764	13.0	8,049	11.9	2,715	17.8
1933.....	10,505	12.8	7,923	11.8	2,582	17.2
1932.....	10,309	12.6	7,622	11.4	2,687	18.2
RECORDED						
1941.....	11,609	13.4	8,700	12.7	2,909	17.3
1940.....	11,557	13.4	8,732	12.7	2,775	16.6
1939.....	10,879	12.7	8,374	12.1	2,505	15.2
1938.....	11,091	13.0	8,569	12.4	2,522	15.9
1937.....	11,790	14.0	8,958	13.1	2,832	17.7
1936.....	11,516	13.7	8,612	12.6	2,904	18.4
1935.....	11,149	13.4	8,352	12.3	2,797	18.0
1934.....	11,110	13.4	8,417	12.5	2,699	17.7
1933.....	10,797	13.1	8,243	12.3	2,554	17.0
1932.....	10,775	13.2	8,060	12.0	2,715	18.4
1931.....	11,523	14.2	8,600	12.9	2,922	20.1
1930.....	11,238	13.9	8,422	12.7	2,816	19.6

TABLE NO. 3
MONTHLY DISTRIBUTION OF RESIDENT LIVE BIRTHS AND STILLBIRTHS
CLASSIFIED ACCORDING TO COLOR AND SEX—1941

MONTH	LIVE BIRTHS							STILLBIRTHS						
	TOTAL	WHITE			COLORED†			TOTAL	WHITE			COLORED		
		Total	Male	Female	Total	Male	Female		Male	Female	Unknown sex	Male	Female	Unknown sex
Total.....	15,995	11,886	6,106	5,780	4,109	2,102	2,007	655*	199	165	42	123	100	19
January.....	1,236	899	456	443	337	181	156	51	23	9	1	9	7	1
February.....	1,225	920	465	455	305	162	143	50	18	11	6	8	6	1
March.....	1,212	893	440	453	319	156	163	50	14	9	7	4	9	6
April.....	1,159	831	450	381	328	163	165	49	15	11	3	10	10	..
May.....	1,195	871	475	396	324	167	157	56	12	15	2	10	6	1
June.....	1,333	993	488	505	340	162	178	46	13	13	5	9	5	1
July.....	1,567	1,159	613	546	408	219	189	67	19	20	2	8	18	..
August.....	1,509	1,140	550	590	369	178	191	58	17	12	4	15	9	1
September.....	1,422	1,077	580	517	345	178	167	52	11	19	4	10	4	3
October.....	1,352	1,030	543	487	322	165	157	55	19	13	2	11	7	1
November.....	1,364	1,034	554	480	330	171	159	68	17	19	3	13	12	2
December.....	1,421	1,039	512	527	382	200	182	63	21	14	3	16	7	2

* Stillbirth totals include 7, color unknown.

† Included in colored total are: 2 male, 8 female Chinese.

1 male Filipino.

1 female Cherokee Indian.

1 female Hawaiian.

TABLE NO. 4
LIVE AND STILLBIRTHS CLASSIFIED ACCORDING TO ATTENDANCE,
HOSPITALIZATION, TERM, PLURALITY AND NATIVITY—1941

GROUP	RECORDED			RESIDENT		
	Total	White	Colored	Total	White	Colored
PLACE OF BIRTH, ATTENDANCE AND PERIOD OF GESTATION						
Live Births						
Total.....	10,406	14,002	4,414	15,995	11,886	4,109
Physician.....	18,983	14,818	4,165	15,575	11,714	3,861
Home.....	3,481	1,984	1,497	3,469	1,979	1,490
Hospital.....	15,502	12,834	2,668	12,106	9,735	2,371
Midwife.....	423	174	249	420	172	248
Born in hospital.....	15,502	12,834	2,668	12,106	9,735	2,371
40 weeks or more.....	14,103	12,019	2,084	10,928	9,102	1,826
36-39 weeks.....	662	519	143	498	382	116
28-35 weeks.....	663	237	426	596	181	415
Less than 28 weeks.....	52	38	14	40	29	11
Unspecified.....	22	21	1	44	41	3
Born at home.....	3,904	2,158	1,746	3,889	2,151	1,738
40 weeks or more.....	3,270	1,799	1,471	3,257	1,793	1,464
36-39 weeks.....	382	217	165	378	213	165
28-35 weeks.....	71	28	43	71	29	42
Less than 28 weeks.....	20	15	5	21	16	5
Unspecified.....	161	99	62	162	100	62
Stillbirths						
Total*.....	754	499	255	655	406	242
Physician.....	711	464	247	605	371	234
Home.....	231	96	135	229	96	133
Hospital.....	480	368	112	376	275	101
Midwife.....	7	5	2	7	5	2
Foundlings*.....	36	30	6	43	30	6
PLURAL BIRTHS						
Sets of twins.....	186	137	49	152	108	44
Both born alive.....	161	119	42	127	90	37
One born alive, 1 stillborn.....	11	8	3	11	8	3
Both stillborn.....	13	9	4	13	9	4
Triplets, all live-born.....	1	1	..	1	1	..
NATIVITY						
Live births, total.....	10,406	14,002	4,414	15,995	11,886	4,109
Both parents, native-born.....	18,006	13,915	4,091	14,807	10,984	3,823
One parent, native-born one parent foreign-born.....	790	767	23	671	649	22
Both parents, foreign-born.....	193	185	8	161	153	8
One or both parents' birthplace unknown.....	417	125	292	356	100	256
Stillbirths, total*.....	754	499	255	655	406	242
Both parents, native-born.....	624	408	216	534	327	207
One parent, native-born one parent foreign-born.....	29	26	3	25	22	3
Both parents, foreign-born.....	7	7	..	7	7	..
One or both parents' birthplace unknown.....	94	58	36	80	50	32

* Total Stillbirths include 7, color unknown.

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TABLE NO. 5
RESIDENT DEATHS CLASSIFIED BY COLOR, SEX, AND AGE AND DISTRIBUTED BY COLOR AND AGE BY MONTHS—1941

Age	Grand Total	Entire Year						Jan.		Feb.		Mar.		Apr.		May		June		July		Aug.		Sept.		Oct.		Nov.		Dec.		
		White			Colored			Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total			
		Total	Male	Female	Total	Male	Female																									
Total, all ages.....	11,160	8,132	4,401	3,731	3,028	1,674	1,354	747	231	679	265	801	272	729	268	687	260	660	215	611	251	575	216	580	232	659	258	664	262	740	238	
Under 1 month.....	422	271	159	112	151	86	65	16	12	17	10	22	7	23	7	21	17	25	9	23	21	17	9	19	17	29	13	35	16	24	13	
1 to 2 months.....	114	64	37	27	50	23	22	3	2	6	5	3	8	9	7	3	1	1	2	3	2	5	5	6	9	5	9	3	8	4	4	
3 to 11 months.....	258	116	58	58	142	77	65	10	7	5	19	15	9	7	6	5	6	6	5	12	11	9	13	10	28	10	12	13	14	3	14	
Total under 1 year.....	794	451	254	197	343	191	152	29	21	28	34	40	24	39	20	24	32	36	38	34	31	27	34	35	52	46	54	31	45	31	41	
1 year.....	61	22	11	11	39	21	18	1	3	2	4	2	5	3	3	4	2	1	3	6	2	3	2	1	2	1	5	1	5	3	3	
Total under 2 years.....	855	473	265	208	382	212	170	30	24	30	38	42	29	39	23	33	26	33	19	44	36	34	29	35	53	51	55	36	45	34	34	
2 to 4 years.....	76	44	17	27	32	14	18	5	4	3	1	3	3	8	1	4	2	4	2	6	4	4	4	2	2	1	4	2	1	2	3	
Total under 5 years.....	931	517	282	235	414	226	188	35	28	33	39	45	32	47	24	37	28	37	21	50	41	38	33	37	39	54	55	57	37	47	37	
5 to 9 years.....	58	32	19	13	26	12	14	3	3	4	3	1	1	2	4	1	2	6	1	5	3	1	4	3	2	4	1	2	1	2	1	
10 to 14 years.....	64	36	16	20	28	18	10	3	3	3	2	1	3	3	2	2	4	4	2	6	1	4	2	2	3	1	1	2	2	3	3	
15 to 19 years.....	166	72	46	26	94	38	56	4	7	8	3	7	10	6	10	3	8	9	7	4	8	6	12	2	6	3	8	8	10	7	7	
20 to 24 years.....	197	79	41	38	118	62	56	5	10	9	10	8	8	8	10	5	10	4	10	5	8	6	10	5	10	7	14	6	11	11	7	
25 to 29 years.....	269	130	74	56	139	84	55	8	16	9	12	19	9	18	9	13	6	9	15	13	10	9	8	10	11	18	13	11	18	13	7	
30 to 34 years.....	308	145	70	75	163	94	69	12	11	15	11	14	19	15	13	14	11	9	14	11	14	11	10	13	14	10	22	12	10	15	10	
35 to 39 years.....	408	233	152	81	175	105	70	19	17	16	12	22	16	19	18	17	22	21	16	12	15	20	9	25	11	23	13	15	11	26	15	
40 to 44 years.....	556	315	204	111	241	138	103	28	19	15	15	34	22	35	28	22	19	25	23	19	23	29	15	20	25	20	17	23	34	22	25	
45 to 49 years.....	725	435	277	158	290	179	111	35	35	29	30	38	28	32	22	40	29	41	21	35	18	35	19	32	22	39	17	43	22	36	27	
50 to 54 years.....	940	624	395	229	316	191	125	66	32	40	32	64	27	64	29	57	26	47	21	45	23	34	28	46	33	47	19	43	24	71	22	
55 to 59 years.....	996	749	472	277	247	133	114	67	19	78	20	69	18	63	31	66	29	50	18	61	19	62	18	65	11	54	27	55	20	59	17	
60 to 64 years.....	1,093	874	528	346	219	114	105	77	25	87	26	79	21	84	20	73	11	86	16	64	15	59	17	53	17	59	15	73	22	80	14	
65 to 69 years.....	1,241	991	544	447	250	139	111	85	33	73	20	100	28	97	20	97	25	90	16	73	22	61	14	76	13	67	22	74	18	98	19	
70 to 74 years.....	1,113	974	481	493	139	66	73	117	15	85	11	87	11	73	9	71	7	77	12	61	16	80	7	67	9	95	12	90	11	71	16	
75 to 79 years.....	932	845	364	481	87	40	47	60	9	72	12	96	9	61	7	79	7	61	7	58	7	43	4	53	5	75	4	66	9	81	7	
80 to 84 years.....	695	645	272	373	50	25	25	64	4	54	3	65	8	46	3	60	3	56	4	53	6	50	4	45	6	52	4	47	4	53	5	
85 to 89 years.....	334	315	131	184	19	5	14	35	2	38	2	35	3	28	2	23	2	15	3	20	2	19	2	20	2	25	2	30	2	23	2	
90 to 94 years.....	105	99	27	72	6	1	5	10	1	4	1	11	1	7	10	1	9	2	8	1	6	1	6	1	9	2	5	1	10	1	10	1
95 to 99 years.....	24	21	6	15	3	1	2	4	1	2	1	3	1	1	1	1	1	3	1	2	2	1	1	2	1	2	1	2	1	1	1	1
100 years and over.....	5	5	1	4	3	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Age not specified.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE NO. 6
 INSTITUTIONAL DEATHS OCCURRING IN BALTIMORE, MEDICAL EXAMINER'S
 CERTIFICATES AND CERTIFICATES RECORDING AUTOPSY
 CLASSIFIED ACCORDING TO COLOR AND SEX—1941

INSTITUTION	GRAND TOTAL	WHITE			COLORED		
		Total	Male	Female	Total	Male	Female
Hospital and Institutional deaths.....	6,508	4,805	2,893	1,912	1,703	1,072	631
Baltimore City Hospitals							
Residents.....	1,091	613	418	195	478	293	185
Non-residents.....	34	28	24	4	6	5	1
Sydenham Hospital							
Residents.....	45	19	11	8	26	13	13
Non-residents.....	15	10	4	6	5	4	1
Other Hospitals							
Residents.....	3,643	2,638	1,581	1,057	1,005	637	368
Non-residents.....	1,236	1,068	684	384	168	109	59
City Jail							
Residents.....	2	1	1	..	1	1	..
Non-residents.....	..	..	..	..	..	..	..
State Penitentiary							
Residents.....	6	2	2	..	4	4	..
Non-residents.....	6	2	2	..	4	4	..
Other Institutions							
Residents.....	365	359	147	212	6	2	4
Non-residents.....	65	65	19	46	..	..	..
Death certificates certified by Medical Examiner.....	1,252	839	621	218	413	300	113
Death certificates recording an autopsy.....	1,789	1,147	809	338	642	443	199

TABLE NO. 7
RESIDENT DEATHS UNDER ONE YEAR FROM CERTAIN CAUSES ACCORDING TO
AGE AND MONTH OF DEATH—1941

INTERNATIONAL LIST NUMBER	CAUSE OF DEATH	COLOR	AGE GROUPS							MONTH OF DEATH											
			TOTAL UNDER 1 YEAR							January	February	March	April	May	June	July	August	September	October	November	December
				Under 1 day	1-6 Days	7-30 Days	1-2 Months	3-5 Months	6-11 Months												
	All Causes	T W C	794 451 343	177 110 67	145 95 50	100 66 34	114 64 50	100 49 51	158 67 91	50 29 21	62 28 34	64 40 22	50 30 24	53 29 20	48 32 16	72 38 34	58 31 27	69 34 35	98 59 46	85 45 31	78 45 31
6	Meningococcus meningitis	W	1	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..
9	Whooping cough	W C	2 14	..	..	1	1	1	1	..	1	1	..	2	..	2	2	1	2	2	1
12	Tetanus	C	1	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
13b	Tuberculosis of the respiratory system	C	8	..	..	..	..	1	7	1	2	..	..	..	3	1	..	..	..	1	..
14	Tuberculosis of the meninges and central nervous system	W	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..
22a	Acute (generalized) military tuberculosis	W	1	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..
24a	Septicemia (non-purperal)	W	1	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..
27a	Dysentery, bacillary	W C	7 2	..	..	2	1	2	2	..	..	..	..	..	1	..	1	4	1	..	..
27c	Other and unspecified forms of dysentery	W C	2 1	..	..	2	..	..	1	..	1	..	..	..	..	..	..	..	1	1	..
30f	Syphilis: congenital	C	4	1	..	1	1	..	1	..	..	1	..	..	..	..	..	..	1	1	1
33a	Influenza with respiratory complication specified	W C	1 1	..	..	1	..	..	1	1	..	..	..	..	1	..	..	..	..	..	..
33b	Influenza without respiratory complication specified	W C	2 2	..	..	..	..	..	2	..	..	..	1	..	1	..	..	..	..	..	1
35	Measles	W	1	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..
37c	Acute infectious encephalitis: unqualified	C	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..
38e	Chickenpox	C	2	..	..	..	..	1	1	..	1	..	..	..	..	..	..	..	..	1	..
53	Cancer of the skin (except vulva and scrotum)	W	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..
56e	Non-malignant tumors of other and unspecified organs	W	1	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
61	Diabetes mellitus	C	1	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..
64	Diseases of the thymus gland	W C	10 6	..	..	1	5	3	1	3	1	2	..	3	..	1	..	..	..	..	2
67	Scurvy	C	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..
70	Ricketts	C	1	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..
71	Other avitaminoses	W	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..
73c	Hypochromic anemia	C	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..
76b	Erythrocytosis	W	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
81a	Simple meningitis	W C	6 2	..	..	..	1	1	4	2	..	..	..	..	..	..	..	1	2	2	1
83a	Cerebral hemorrhage or effusion (excluding birth injuries)	W	1	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..

[illegible]

TABLE NO. 7—Continued

RESIDENT DEATHS UNDER ONE YEAR FROM CERTAIN CAUSES ACCORDING TO
AGE AND MONTH OF DEATH—1941

INTERNATIONAL LIST NUMBER	CAUSE OF DEATH	COLOR	TOTAL UNDER 1 YEAR	AGE GROUPS						MONTH OF DEATH											
				Under 1 Day	1-6 Days	7-30 Days	1-2 Months	3-5 Months	6-11 Months	January	February	March	April	May	June	July	August	September	October	November	December
157e	Congenital malformations of the heart	W C	34 5	4 2	7 1	9 1	9 1	4 1	1 ..	..	..	3 1	5 ..	1 1	3 ..	3 ..	5 ..	2 1	1 1	5 ..	6 ..
157f	Other congenital malformations of the cardiovascular system	W	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
157g	Congenital malformations of the digestive system	W C	12 4	.. 1	4 1	4 1	2 1	1 ..	1 ..	..	..	..	1 ..	..	2 ..	3 ..	..	3 1	1 1	1 1	1 ..
157h	Congenital malformations of the genito-urinary system	W	3	2	1	..	..	..	..	..	..	..	..	1	..	..	..	..	1	1	..
157m	Other and unspecified congenital malformations	W C	5 1	2 ..	1 ..	.. 1	.. ..	.. ..	1 ..	1 ..	.. ..	1 ..	1 ..	.. ..	.. ..	.. ..	.. 2	.. 1	.. ..	1 ..	1 ..
158	Congenital debility (cause not stated)	W C	2 3	.. ..	1 ..	1 ..	.. ..	.. 2	1 1	.. ..	1 ..	1 1	.. ..	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	....
159	Premature birth (cause not stated)	W C	131 88	67 49	45 28	11 10	8 4	.. ..	.. ..	.. ..	10 3	8 3	11 6	14 4	12 12	11 6	10 14	9 9	11 10	12 4	12 10
160a	Injury at birth, intracranial or spinal hemorrhage	W C	36 19	17 7	16 10	3 1	.. ..	.. 1	.. ..	.. ..	2 2	5 5	4 1	3 2	4 2	1 1	4 1	1 1	1 3	5 ..	4 1
160c	Other injury at birth	W C	2 4	1 1	.. 1	.. 1	1 ..	.. 1	.. ..	.. ..	2 ..	1 1	1 1	.. ..	.. ..	.. 1	.. ..	.. ..	.. ..	.. 1	....
161a	Asphyxia (cause not specified), atelectasis	W C	20 14	10 8	5 3	4 3	1 ..	.. ..	.. ..	.. ..	.. 2	1 ..	1 ..	.. ..	2 2	2 2	5 4	1 ..	1 1	.. 1	3 2
161c	Other specified diseases peculiar to the first year of life	W C	10 8	1 ..	8 3	.. 1	.. 1	.. 1	1 2	.. ..	2 2	1 ..	1 2	.. ..	3 ..	1 ..	.. ..	.. 1	1 ..	3 ..	1 ..
167	Homicide by cutting or piercing instrument	C	1	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..
170c	Automobile accident	W	2	..	..	1	..	..	1	..	..	..	..	..	..	..	2	..	..	..	..
178c	Accidental absorption of other carbon monoxide gas	C	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..
179	Acute accidental poisoning by solids or liquids	C	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..
181	Accidental burns (except conflagration)	C	1	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..
182	Accidental mechanical suffocation	W C	5 2	.. ..	.. ..	1 ..	2 1	2 1	.. ..	1 1	.. 1	1 1	1 ..	.. ..	.. ..	.. ..	1 ..	.. ..	.. ..	.. ..	1 ..
195a	Accidents due to sequelae of preventive immunization, inoculation or vaccination	W	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..
195c	Lack of care of the newborn	W	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..
195d	Accidents due to obstruction, suffocation, or puncture by ingested objects	W C	4 1	.. ..	.. ..	2 1	1 ..	1 ..	1 ..	.. 1	1 ..	.. 1	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	2..	....	....
195e	Other and unspecified accidents	W	1	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..

TABLE NO. 8
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE, WITH DEATH RATE PER 100,000 POPULATION—1941

[illegible]

[illegible]

[illegible]

TABLE NO. 8—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE, WITH DEATH RATE PER 100,000 POPULATION—1941

INTERNATIONAL LIST NUMBER	CAUSE	DEATH RATE PER 100,000 POPULATION	TOTALS		AGE GROUPS																										
			Grand Total	By Color	By Sex	Under 1 Year	1 Year	2 Years	3 Years	4 Years	5-9 Years	10-14 Years	15-19 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years	50-54 Years	55-59 Years	60-64 Years	65-69 Years	70-74 Years	75-79 Years	80-84 Years	85 Years and Over	Age not Specified			
37b	Acute infectious encephalitis: sequelae	0.5	4	W	4 M	4													1			1									
37c	Acute infectious encephalitis: unqualified	0.1	1	C	1 M	1																									
38e	Chickenpox	0.2	2	C	2 F	2																									
39b	Endemic typhus fever	0.1	1	W	1 F	1																									
43	Mycoses	0.2	2	C	2 M F	1														1											
44a	Veneral diseases (except gonorrhea and syphilis)	0.2	2	C	2 M F	1																									
44b	Lymphogranulomatosis (Hodgkin's disease)	1.3	11	W	7 M	7													1	2											
44c	Mumps	0.1	1	W	1 F	1																									
II	Cancer and other tumors	160.6	1,391	W	1,179 M F	535 644	1	1				1	2	4	2	3	1	7	16	26	61	74	78	87	83	45	28	15			
				C	212 M F	98 114														2	9	13	19	12	12	16	6	5	1	1	
45-55	Cancer and other malignant tumors	158.0	1,368	W	1,162 M F	528 634	1	1				1	2	3	2	3	1	6	15	25	61	74	78	86	82	45	28	15			
				C	206 M F	98 108												2	9	13	19	12	12	16	6	5	1	1			
45b	Cancer of the tongue	1.5	13	W	12 M F	10 2															2			1	4	1	1				
				C	1 M	1															1										

[illegible]

TABLE NO. 8-Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE, WITH DEATH RATE PER 100,000 POPULATION-1941

[illegible]

49a	Cancer of the ovary	4.8	W 42	34 F 8 F	34										1	1	4	2	6	7	4	6	2	2		
49c	Cancer of the vagina	0.3	3 W	3 F	8											1		2	2							
49d	Cancer of the vulva	0.6	5 W	5 F	3											1			1							
50	Cancer of the breast	17.7	W 153 C	M 132 F 21 F	1 131 21													2						1	2	
51b	Cancer of the prostate	8.1	W 70 C	56 M 14 M	56 14													1	3	3	2	13	16	9	6	3
51c	Cancer of the testes	0.3	3 W	3 M	3														2	2	2	2	3	1		
51d	Cancer of the penis	0.1	1 W	1 M	1																					
52a	Cancer of the kidney	2.1	W 18 C	M 16 F 2 F	6 10 1														2	1	2			1	1	
52b	Cancer of the bladder	6.4	W 55 C	M 50 F 5 F	32 18 4													1	2	1	7	5	10	1	3	2
52c	Cancer of other and unspecified urinary sites	0.1	1 W	1 F	1														1							
53	Cancer of the skin (except vulva and scrotum)	0.8	7 W C	5 F 2 M	5 2													1		2						1
54a	Glioma	1 1.2	W 10 C	M 9 F 1 M	5 4 1														1	1	1	1				
54b	Other and unspecified cancers of the brain and central nervous system	2.2	W 19 C	M 18 F 1 F	12 6 1														1	3	3	3	1	1		

TABLE NO. 8—Continued

RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE, WITH DEATH RATE PER 100,000 POPULATION—1941

[illegible]

[illegible]

TABLE NO. 8-Continued

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

TABLE NO. 8—Continued

RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE, WITH DEATH RATE PER 100,000 POPULATION—1941

[illegible]

[illegible]

TABLE NO. 8—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE, WITH DEATH RATE PER 100,000 POPULATION—1941

[illegible]

[illegible]

TABLE NO. 8--Continued

[illegible]

144a	Eclampsia of pregnancy	0.2	2 C	2 F	2
144b	Albuminuria and nephritis of pregnancy	0.1	1 W	1 F	1
144d	Other toxemias of pregnancy	0.1	1 W	1 F	1
145	Other diseases and accidents of pregnancy (death before delivery)	0.2	2 C	1 F	1
146b	Premature separation of placenta (with childbirth)	0.1	1 W	1 F	1
146c	Other and unspecified hemorrhages of childbirth and the puerperium	0.3	3 C	1 F	1
147b	General or local puerperal infection (except pyelitis)	0.6	5 C	4 F	4
147c	Puerperal thrombophlebitis	0.1	1 C	1 F	1
147d	Puerperal embolism and sudden death	0.3	3 C	1 F	1
148a	Puerperal eclampsia	0.2	2 C	2 F	2
148b	Puerperal albuminuria and nephritis	0.2	2 W	2 F	2
149a	Laceration, rupture, or other trauma of pelvic organs and tissue	0.1	1 C	1 F	1
149b	Other specified conditions of childbirth	0.2	2 W	2 F	2
150c	Other and unspecified conditions of childbirth and puerperium	0.1	1 W	1 F	1

[illegible]

TABLE NO. 8—Continued

[illegible]

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[illegible]

TABLE NO. 8-Continued

RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE, WITH DEATH RATE PER 100,000 POPULATION-1941

INTERNATIONAL LIST NUMBER	CAUSE	DEATH RATE PER 100,000 POPULA- TION	TOTALS			AGE GROUPS																						
			Grand Total	By Color	By Sex																							
						Under 1 Year	1 Year	2 Years	3 Years	4 Years	5-9 Years	10-14 Years	15-19 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years	50-54 Years	55-59 Years	60-64 Years	65-69 Years	70-74 Years	75-79 Years	80-84 Years	85 Years and Over	Age not Specified
164f	Suicide by crushing	0.1	1	1 W	1 F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
164g	Suicide by other or unspecified means	0.1	1	1 C	1 M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
165-168	Homicide	11.1	96	W 16 M 13	F 16 F 13	M 13	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
166	Homicide by firearms	5.7	49	W 9 M 30	F 9 F 30	M 30	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
167	Homicide by cutting or pier- cing instruments	3.1	27	W 1 M 26	F 1 F 26	M 19	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
168	Homicide by other means	2.3	20	W 6 M 14	F 6 F 14	M 10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
169-195	Fatal accidents	67.2	532	W 468 M 84	F 468 F 84	M 164	5	1	2	1	3	8	4	15	12	24	12	26	27	19	16	25	27	23	17	13	16	8
169	Railway accidents (except collisions with motor vehicles)	1.7	15	W 12 M 3	F 12 F 3	M 11	2	2	1	1	2	2	5	7	3	3	7	12	10	6	8	2	7	3	1	2	1	1

170a	Collisions between automobiles and trains	0.2	W 2	M 2	F 1	1
170b	Collisions between automobiles and streetcars	0.6	W 5	M 5	F 1	1
170c	Automobile accidents (except collisions with trains or streetcars)	22.4	W 194	M 133 F 57	1	1
170d	Motorcycle accidents (except collisions with automobiles)	0.2	W 2	M 2	F 1	1
171a	Streetcar accidents (except collisions with trains or motor vehicles)	1.2	W 10	M 6 F 2	1	1
171b	Other and unspecified road-transport accidents	0.1	W 1	M 1	F 1	1
172	Water transport accidents	1.0	W 9	M 7 C 2	1	1
173	Air-transport accidents	0.5	W 4	M 4 F 2	1	1
176	Other accidents involving machinery	1.0	W 9	M 8 C 1	1	1
177	Food Poisoning	0.1	C 1	F 1	1	1
178a	Accidental absorption of illuminating gas	0.7	W 6	M 6	1	1
178b	Accidental absorption of motor vehicle exhaust gas	0.3	W 3	M 3	1	1
178c	Accidental absorption of other carbon monoxide gas	0.2	W 2	M 1 C 1	1	1
178x	Accidental absorption of other poisonous gases	0.1	C 1	M 1	1	1
179	Acute accidental poisoning by solids or liquids	0.3	W 3	F 1 M 2 F 1	1	1

TABLE NO. 8—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE, WITH DEATH RATE PER 100,000 POPULATION—1941

[illegible]

TABLE NO. 9

RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION
FOR CERTAIN CAUSES AND GROUP OF CAUSES, CLASSIFIED BY COLOR—1941

CAUSE	RECORDED						RESIDENT					
	NUMBER			RATE PER 100,000 POPULATION*			NUMBER			RATE PER 100,000 POPULATION*		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
ALL CAUSES.....	11,609	8,700	2,909	13.4	12.5	17.3	11,160	8,132	3,028	12.9	11.7	18.0
Typhoid fever (1).....	6	4	2	0.7	0.6	1.2	3	1	2	0.3	0.1	1.2
Undulant fever (5).....	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcus meningitis (6).....	14	9	5	1.6	1.3	3.0	11	8	3	1.3	1.1	1.8
Scarlet fever (8).....	1	..	1	0.1	..	0.6	..	..	..	..	..	..
Whooping cough (9).....	34	7	27	3.9	1.0	16.1	30	3	27	3.5	0.4	16.1
Diphtheria (10).....	5	3	2	0.6	0.4	1.2	3	2	1	0.3	0.3	0.6
Erysipelas (11).....	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis, respiratory system (13).....	490	230	260	56.6	33.0	154.8	760	339	421	87.8	48.6	250.6
Tuberculosis, other forms (14-22).....	57	17	40	6.6	2.4	23.8	51	16	35	5.9	2.3	20.8
Gonococcus infection (25).....	8	1	7	0.9	0.1	4.2	8	1	7	0.9	0.1	4.2
Tularemia (26a).....	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery (27).....	21	15	6	2.4	2.1	3.6	19	13	6	2.2	1.9	3.6
Malaria (28).....	..	..	..	..	..	..	..	..	..	..	..	..
Syphilis (30).....	154	59	95	17.8	8.4	56.5	198	62	136	22.9	8.9	81.0
Influenza (33).....	72	41	31	8.3	5.9	18.4	67	38	29	7.7	5.4	17.3
Smallpox (34).....	..	..	..	..	..	..	..	..	..	..	..	..
Measles (35).....	6	4	2	0.7	0.6	1.2	3	2	1	0.3	0.3	0.6
Acute poliomyelitis (36).....	5	4	1	0.6	0.6	0.6	3	2	1	0.3	0.3	0.6
Infectious encephalitis (37a).....	1	1	..	0.1	0.1	..	..	..	..	..	..	..
Typhus fever (39b).....	1	1	..	0.1	0.1	..	1	1	..	0.1	0.1	..
Rocky Mountain spotted fever (39c).....	5	4	1	0.6	0.6	0.6	..	..	..	..	..	..
Other infectious and parasitic diseases	50	36	14	5.8	5.2	8.3	33	19	14	3.8	2.7	8.3
Cancer and other malignant tumors	..	..	..	..	..	..	..	..	..	..	..	..
(45-55).....	1,593	1,370	223	183.9	196.3	138.7	1,368	1,162	206	158.0	166.5	122.6
Tumors, nonmalignant (56, 57).....	44	38	6	5.1	5.4	3.6	23	17	6	2.7	2.4	3.6
Chronic rheumatism and gout (5960).....	8	7	1	0.9	1.0	0.6	8	7	1	0.9	1.0	0.6
Diabetes mellitus (61).....	339	298	41	39.1	42.7	24.4	318	281	37	36.7	40.2	22.0
Pellagra (69).....	3	1	2	0.3	0.1	1.2	3	1	2	0.3	0.1	1.2
Alcoholism, acute and chronic (77).....	38	27	11	4.4	3.9	6.5	37	25	12	4.3	3.6	7.1
Other general diseases and chronic	..	..	..	..	..	..	..	..	..	..	..	..
poisonings.....	149	107	42	17.2	15.3	25.0	121	85	36	14.0	12.2	21.4
Cerebral hemorrhage, cerebral em-	..	..	..	..	..	..	..	..	..	..	..	..
bolism and thrombosis (83).....	757	551	206	87.4	78.9	122.6	767	552	215	88.6	79.1	128.0
Other diseases of the nervous system.....	115	84	31	13.3	12.0	18.4	104	72	32	12.0	10.3	19.0

* Except that death rates for all causes are per 1,000 population and for puerperal causes are per 1,000 live births.

TABLE NO. 9—Continued
 RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION
 FOR CERTAIN CAUSES AND GROUP OF CAUSES, CLASSIFIED BY COLOR—1941

CAUSE	RECORDED						RESIDENT					
	NUMBER			RATE PER 100,000 POPULATION*			NUMBER			RATE PER 100,000 POPULATION*		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
Diseases of the heart (90-95).....	3,386	2,800	586	391.0	401.1	348.8	3,366	2,773	593	388.7	397.3	353.0
Other diseases of the circulatory system (96-103).....	126	99	27	14.5	14.2	16.1	138	102	36	15.9	14.6	21.4
Bronchitis (106).....	34	29	5	3.9	4.2	3.0	27	22	5	3.1	3.2	3.0
Pneumonia (107-109).....	653	395	258	75.4	56.6	153.6	627	372	255	72.4	53.3	151.8
Other diseases of the respiratory system.....	50	42	14	6.5	6.0	8.3	54	41	13	6.2	5.9	7.7
Diarrhea and enteritis												
Under two years of age (119)	192	95	97	22.2	13.6	57.7	144	66	78	16.6	9.4	46.4
Two years and over (120).....	18	8	10	2.1	1.1	6.0	15	6	9	1.7	0.9	5.4
Appendicitis (121).....	66	55	11	7.6	7.9	6.5	56	46	10	6.5	6.6	6.0
Diseases of the liver and biliary passages (124-127).....	181	154	27	20.9	22.1	16.1	152	127	25	17.6	18.2	14.9
Other diseases of the digestive system	233	171	62	26.9	24.5	36.9	185	127	58	21.4	18.2	34.5
Nephritis (130-132).....	1,036	723	313	119.6	103.6	186.3	1,023	720	303	118.1	103.2	180.4
Diseases of the genito-urinary system (133-139).....	151	119	32	17.4	17.0	19.0	126	97	29	14.5	13.9	17.3
Puerperal septicemia (140, 147).....	14	6	8	0.7	0.4	1.8	14	7	7	0.9	0.6	1.7
Other puerperal causes (141-146, 148-150).....	30	21	9	1.5	1.4	2.0	22	14	8	1.4	1.2	1.9
Diseases of the skin, bones, etc. (151-159).....	26	19	7	3.0	2.7	4.2	19	13	6	2.2	1.9	3.6
Congenital debility, malformations, premature birth, etc. (157-161)...	556	391	165	64.2	56.0	98.2	436	287	149	50.3	41.1	88.7
Senility (162).....	3	2	1	0.3	0.3	0.6	4	2	2	0.5	0.3	1.2
Suicides (163, 164).....	137	119	18	15.8	17.0	10.7	127	109	18	14.7	15.6	10.7
Homicides (165-168).....	99	16	83	11.4	2.3	49.4	96	16	80	11.1	2.3	47.6
Other violent and accidental deaths (169-198).....	633	514	119	73.1	73.6	70.8	583	460	114	67.3	67.2	67.9
Cause not specified or ill-defined (199-200).....	3	3	..	0.3	0.4	..	7	7	..	0.8	1.0	..

* Except that death rates for all causes are per 1,000 population and for puerperal causes are per 1,000 live births.

TABLE NO. 10
ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE,
BALTIMORE—1941

INTERNATIONAL LIST NO.	CAUSE	TOTAL RECORDED DEATHS		RESIDENTS OF						BALTIMORE RESIDENTS DYING ELSEWHERE				TOTAL RESIDENT DEATHS	
		White		BALTIMORE		COUNTIES OF MARYLAND		OTHER STATES		COUNTIES OF MARYLAND		OTHER STATES		White	Col'd
				White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd		
	ALL CAUSES*	8,700	2,909	7,459	2,719	905	164	338	26	521	277	152	32	8,132	3,028
	I—INFECTIOUS AND PARASITIC DISEASES														
1	Typhoid fever	4	2	1	2	3						1		1	2
2	Paratyphoid fever														
6	Cerebrospinal (meningococcus) meningitis	9	5	7	3	2	2			1				8	3
8	Scarlet fever														
9	Whooping cough	7	27	3	27	3	1	1						3	27
10	Diphtheria	3	2	2	1	1								2	1
12	Tetanus	2	1			2									1
	Tuberculosis of the respiratory system (including the bronchial and mediastinal lymph nodes)														
13a	With mention of occupational disease of lungs	1	259	209	249	16	8	4	2	1	156	18	15	1	420
13b	Without mention of occupational disease of lungs	229	1		1										1
13c	Tuberculosis of unspecified site														
14	Tuberculosis of the meninges and central nervous system														
15	Tuberculosis of the intestines and peritoneum	4	23	3	15	1	8	1	1		1	1		4	16
16	Tuberculosis of the vertebral column	3	6	2	5						3			2	8
	Tuberculosis of the bones and joints (except vertebral column)	6	6	5	5	1	1							5	5
17a	Bones														
17b	Joints	1	1	1	1						1			1	2
19	Tuberculosis of the lymphatic system (except bronchial, mesenteric and retroperitoneal lymph nodes)														
20	Tuberculosis of the genito-urinary system	2	1	2	1		1				1			2	1
21b	Tuberculosis of other organs	1	1	1	1									1	2
22a	Acute (generalized) miliary tuberculosis									1				1	1
24a	Septicemia (nonpuerperal)	9	1	5	1	3		1						5	7
25	Gonococcus infection	1	7	1	7									1	7
	Dysentery														
27a	Bacillary	9	5	8	5	1								8	5
27b	Amebic	3	3	2	3	1								3	3
27c	Other and unspecified forms of dysentery														
	Syphilis														
30a	Locomotor ataxia (tabes dorsalis)	2	3	1	3	1		1			35		3	1	41
30b	General paralysis of the insane	4								11				14	

30c	Other syphilis of the central nervous system.....	12	5	9	4	2	1	1	1	1	5	1	14	5
30d	Aneurysm of the aorta.....	22	32	13	31	6	1	1	1	1	1	1	13	31
30e	Other syphilis of the circulatory system.....	13	35	12	34	2	1	1	1	1	1	1	12	36
30f	Congenital syphilis.....	2	8	..	7	..	..	..	..	..	..	..	6	16
30g	Other and unspecified forms of syphilis.....	4	12	4	10	..	..	..	..	..	..	..	..	..
32a	Other diseases due to spirochetes	..	..	..	..	..	..	..	..	..	..	..	..	..
32b	Spirochetosis icterohemorrhagica (Weil's disease).	1	1	1	1	..	..	..	..	..	..	..	1	1
32c	Other diseases due to spirochetes.....	1	1	..	..	..	..	..	..	..	..	..	1	1
33a	Influenza (grippe)	24	23	24	22	3	1	1	1	1	1	1	24	23
33b	With respiratory complications specified.....	17	8	14	6	3	1	1	1	1	1	1	14	6
33c	Without respiratory complications specified.....	14	2	2	1	2	1	1	1	1	1	1	2	1
35	Measles.....	4	1	1	1	3	..	..	..	..	..	..	2	2
36	Acute poliomyelitis and acute polioencephalitis.....	4	1	1	1	1	..	..	..	..	..	..	2	2
37a	Acute infectious encephalitis (lethargic)	1	..	..	..	..	..	..	..	..	..	..	..	..
37b	Acute infectious encephalitis (lethargic)	1	..	..	..	..	..	..	..	..	..	..	..	..
37c	Sequelae of encephalitis lethargica.....	4	..	4	..	..	..	..	..	..	..	..	4	1
37d	Encephalitis lethargica (unqualified).....	2	1	..	1	1	..	..	..	..	..	..	..	2
38e	Chickenpox.....	..	2	..	2	..	..	..	..	..	..	..	..	..
39a	Typhus fever and typhus-like diseases (due to Rickettsia)	..	..	..	..	..	..	..	..	..	..	..	..	..
39b	Endemic typhus fever.....	1	..	1	..	..	..	..	..	..	..	..	1	..
39c	Rocky Mountain spotted fever.....	4	1	..	..	4	..	..	..	..	..	..	1	..
43	Mycoses.....	1	2	..	2	..	..	..	..	..	..	..	..	2
44a	Other infectious and parasitic (communicable) diseases	..	..	..	..	..	..	..	..	..	..	..	..	..
44b	Veneral diseases (except gonorrhea and syphilis)	15	2	7	4	4	..	..	..	..	..	..	7	2
44c	Lymphogranulomatosis (Hodgkin's disease)	1	..	1	..	..	..	..	..	..	..	..	1	..
44d	Mumps.....	1	..	..	..	..	..	..	..	..	..	..	..	..
II—CANCER AND OTHER TUMORS														
45	Cancer and other malignant tumors of	45	9	31	8	4	1	1	1	1	11	..	31	8
46	Buccal cavity and pharynx.....	575	80	488	71	64	6	6	6	6	..	7	504	72
47	Digestive organs and peritoneum.....	142	22	106	22	18	..	..	..	..	2	1	108	23
48	Respiratory system.....	121	38	112	37	7	1	1	1	1	2	1	115	37
49	Uterus.....	47	9	40	8	5	1	1	1	1	3	1	42	8
50	Other female genital organs.....	139	20	127	20	7	2	2	2	2	3	1	132	21
51	Breast.....	74	16	59	14	8	2	2	2	2	1	..	60	14
52	Male genital organs.....	86	9	66	7	14	2	2	2	2	1	..	67	7
53	Urinary organs (male and female)	7	2	5	2	2	..	..	..	..	..	..	5	2
54	Skin (except vulva and scrotum)	..	..	..	..	..	..	..	..	..	..	..	..	..
55	Brain and other parts of the central nervous system (including glioma, except when specified as benign)	50	3	27	2	11	1	1	1	1	..	..	27	2
56a	Other and unspecified organs.....	84	15	68	12	10	3	3	3	3	2	..	71	12
56b	Nonmalignant tumors (including dermoid cysts)	3	2	2	2	1	..	..	..	..	..	..	2	2
56c	Ovary.....	3	3	2	2	3	1	1	1	1	..	..	2	3
56d	Uterus.....	3	3	2	2	3	1	1	1	1	..	..	2	3
56e	Brain and other parts of the central nervous system.....	17	1	7	1	1	1	1	1	1	1	..	8	1

* There are no deaths from causes not listed in this table.

[illegible]

TABLE NO. 10—Continued
ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE,
BALTIMORE—1941

INTERNATIONAL LIST NO.	CAUSE	TOTAL RECORDED DEATHS		RESIDENTS OF				BALTIMORE RESIDENTS DYING ELSEWHERE				TOTAL RESIDENT DEATHS	
		White	Col'd	BALTIMORE		COUNTIES OF MARYLAND		OTHER STATES		COUNTIES OF MARYLAND		OTHER STATES	
				White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd
	VII—DISEASES OF THE CIRCULATORY SYSTEM— <i>Cont.</i>												
91b	Other acute or subacute endocarditis.....	1	1									2	1
92a	Chronic affections of the valves and endocardium Diseases of the aortic valve (without mention of diseases of the mitral valve or rheumatic fever).....	26	24	26	24					2		28	24
92b	Diseases of the mitral valve (whether or not spec- ified as rheumatic).....	92	31	87	31	4		1		3		92	31
92c	Diseases of other and unspecified valves and chronic endocarditis, specified as rheumatic.....	7	2	7	2							7	2
92d	Diseases of other and unspecified valves and chronic endocarditis, not specified as rheumatic.....	69	38	68	38			1				69	39
92e	Endocarditis (not specified as acute, chronic or rheumatic, 45 years of age and over).....	7		7						1		8	
	Diseases of the myocardium.....												
93a	Acute myocarditis (except rheumatic).....	6	4	6	4							7	4
93c	Chronic myocarditis and myocardial degenera- tion specified as rheumatic.....	18	2	17	2	1						17	2
93d	Chronic myocarditis and myocardial degenera- tion not specified as rheumatic.....	1,539	307	1,419	295	91	6	29	6	90	16	1,525	313
93e	Other myocarditis (not specified as acute, chronic or rheumatic).....	26	2	24	2	2				3		31	2
94a	Diseases of the coronary arteries and angina pectoris	856	130	785	125	42	4	29	1	34	6	841	132
94b	Angina pectoris.....	20		20						2		22	
95a	Other diseases of the heart.....												
95b	Functional diseases of the heart (without mention of organic lesion).....	14	13	14	12	9	1			1		15	12
95c	Other diseases of the heart, specified as rheumatic	51		42						1		43	
95d	Other diseases of the heart, not specified as rheu- matic.....	47	24	46	23	1	1	1		8		55	23
96	Aneurysm (except of heart and aorta).....	10	4	8	4	1	1			1		9	4
97	Arteriosclerosis (except coronary or renal sclerosis)	65	17	63	17	2				8	8	73	25
98	Gangrene.....	6	3	6	2					1		7	3
99	Other diseases of the arteries.....	9		7		2						7	
	Diseases of the veins.....												
100a	Varices.....	2		1		1						1	
100b	Other diseases of the veins.....	6		4		2						4	
102	High blood pressure (idiopathic).....	1	3	1	3							1	3

VIII—DISEASES OF THE RESPIRATORY SYSTEM													
104b	Diseases of the nasal fossae and accessory sinuses	4	1	2	1	1	1	1	1	1	1	2	1
105	Diseases of the accessory sinuses	1	1	1	1	1	1	1	1	1	1	1	1
106a	Diseases of the larynx	5	2	5	1	1	1	1	1	1	1	1	1
106b	Bronchitis	21	13	13	1	1	1	1	1	1	1	1	1
106c	Acute	3	2	2	1	1	1	1	1	1	1	1	1
107	Chronic	201	87	171	84	24	2	2	2	2	2	2	2
108	Unspecified	192	163	164	160	21	6	1	1	1	1	1	1
109	Bronchopneumonia (including capillary bronchitis)	2	6	1	1	1	1	1	1	1	1	1	1
110a	Lobar pneumonia	2	6	1	1	1	1	1	1	1	1	1	1
110b	Pneumonia (unspecified)	2	6	1	1	1	1	1	1	1	1	1	1
110c	Pleurisy (not specified as tuberculous)	2	6	1	1	1	1	1	1	1	1	1	1
110d	Empyema	2	6	1	1	1	1	1	1	1	1	1	1
110e	Other and unspecified forms of pleurisy	2	6	1	1	1	1	1	1	1	1	1	1
111a	Hemorrhagic infarction, thrombosis, edema and chronic congestion of the lungs	4	1	2	1	1	1	1	1	1	1	1	1
111b	Hemorrhagic infarction and thrombosis of the lungs	4	1	2	1	1	1	1	1	1	1	1	1
111c	Acute edema of the lungs	3	2	2	1	1	1	1	1	1	1	1	1
111d	Chronic and unspecified congestion of the lungs	3	2	2	1	1	1	1	1	1	1	1	1
112	Asthma	1	1	1	1	1	1	1	1	1	1	1	1
113	Pulmonary emphysema	16	5	16	4	1	1	1	1	1	1	1	1
113a	Other diseases of the respiratory system (except tuberculosis)	1	1	1	1	1	1	1	1	1	1	1	1
114b	Other and unspecified forms of pneumoconioses	3	3	3	3	5	1	1	1	1	1	1	1
114c	Abscess of the lung	5	5	5	5	1	1	1	1	1	1	1	1
114d	Other and unspecified diseases of the respiratory system	2	1	1	1	1	1	1	1	1	1	1	1
114e	Other diseases of the respiratory system (except tuberculosis)	2	1	1	1	1	1	1	1	1	1	1	1
IX—DISEASES OF THE DIGESTIVE SYSTEM													
115b	Diseases of the buccal cavity, pharynx, tonsils and adnexa	2	2	1	2	1	1	1	1	1	1	1	1
115c	Septic sore throat	2	2	1	2	1	1	1	1	1	1	1	1
115d	Diseases of the pharynx and tonsils	3	2	1	2	1	1	1	1	1	1	1	1
116	Diseases of other and unspecified parts of the buccal cavity and adnexa	1	1	1	1	1	1	1	1	1	1	1	1
117a	Diseases of the esophagus	40	14	28	13	11	1	1	1	1	1	1	1
117b	Ulcer of stomach	11	2	8	2	2	1	1	1	1	1	1	1
117c	Ulcer of duodenum	11	2	8	2	2	1	1	1	1	1	1	1
118	Other diseases of the stomach (except cancer)	4	1	4	1	1	1	1	1	1	1	1	1
119	Diarrhea, enteritis, and ulceration of the intestines	95	97	65	78	29	19	1	1	1	1	1	1
120	Under two years of age	8	10	5	9	1	1	1	1	1	1	1	1
121	Two years and over	8	10	5	9	1	1	1	1	1	1	1	1
122a	Appendicitis	55	11	45	10	10	1	1	1	1	1	1	1
122b	Hernia	54	20	42	15	9	4	1	1	1	1	1	1
123	Intestinal obstruction	38	13	25	12	12	1	1	1	1	1	1	1
124a	Other diseases of the intestines	9	5	7	4	1	1	1	1	1	1	1	1
124b	Cirrhosis of the liver	35	10	28	8	5	2	2	2	2	2	2	2
124c	With mention of alcoholism	34	9	47	9	4	4	4	4	4	4	4	4
124d	Without mention of alcoholism	34	9	47	9	4	4	4	4	4	4	4	4

DISEASES OF PREGNANCY, CHILD BIRTH AND THE PUERPERUM—Cont.										
140c	Self-induced abortion with mention of infection	1	..	..	..	..	..	..	..	..
140d	Abortion (induced for nontherapeutic reasons by persons other than the woman herself with mention of infection)	1	1	1	..	..	..	..	..	1
141c	Abortion (spontaneous, therapeutic, or of unspecified origin) with mention of toxemia (but not hemorrhage, trauma or shock)	1	..	..	..	..	..	..	..	..
141f	Abortion (induced by nontherapeutic reasons by persons other than the woman herself)	3	..	1	2	..	..	..	..	1
142a	Ectopic gestation	1	1	1	1	..	..	..	..	1
142b	With mention of infection	1	1	1	1	..	..	..	..	1
142c	Without mention of infection	1	1	1	1	..	..	..	..	1
144a	Toxemia of pregnancy (death before delivery)	2	2	2	2	..	..	..	..	2
144b	Eclampsia of pregnancy	1	1	1	1	..	..	..	..	1
144d	Albuminuria and nephritis of pregnancy	1	1	1	1	..	..	..	..	1
145	Other toxemias of pregnancy	1	1	1	1	..	..	..	..	1
146b	Other diseases and accidents of pregnancy (death before delivery)	1	1	1	1	..	..	..	..	1
146c	Hemorrhage of childbirth and the puerperium	1	1	1	1	..	..	..	..	1
147b	Placenta praevia (with childbirth)	1	1	1	1	..	..	..	..	1
147c	Other and unspecified hemorrhages of childbirth and the puerperium	3	1	2	1	1	..	..	..	2
147d	Infection during childbirth and the puerperium	4	4	4	4	..	..	..	..	1
147e	General or local puerperal infection (except pyelitis)	2	1	2	1	..	..	..	..	2
147f	Puerperal thrombophlebitis	1	1	1	1	..	..	..	..	1
147g	Puerperal embolism and sudden death	1	1	1	1	..	..	..	..	1
148a	Puerperal toxemias (excluding death before delivery)	1	2	2	1	..	..	..	..	2
148b	Puerperal eclampsia	3	3	3	3	..	..	..	..	2
148c	Puerperal albuminuria and nephritis	1	1	1	1	..	..	..	..	1
148d	Other accidents and specified conditions of childbirth	1	1	1	1	..	..	..	..	1
149a	Laceration, rupture, or other trauma of pelvic organs and tissue	1	1	1	1	..	..	..	..	1
149b	Other specified conditions of childbirth	3	3	3	3	..	..	..	..	2
150c	Other and unspecified conditions of childbirth and the puerperium	1	1	1	1	..	..	..	..	1
152	XII—DISEASES OF THE SKIN AND CELLULAR TISSUE	3	2	3	2	..	..	..	..	4
153	Phlegmon and acute abscess	7	7	7	7	..	..	..	..	4
154b	Other diseases of the skin and cellular tissue	3	3	3	3	..	..	..	..	4
155a	XIII—DISEASES OF THE BONES AND ORGANS OF MOVEMENT	3	1	2	2	..	..	..	..	2
155b	Osteomyelitis and periostitis	2	2	2	2	..	..	..	..	2
155c	Chronic or unspecified	1	1	1	1	..	..	..	..	1
155d	Other diseases of the bones (except tuberculosis)	1	1	1	1	..	..	..	..	1
155e	Diseases of the joints and other organs of movement	1	1	1	1	..	..	..	..	1
155f	Diseases of the joints (except tuberculosis and rheumatism)	1	1	1	1	1
155g	Diseases of other and unspecified organs of movement	3	3	3	3	3

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164e	Jumping from high places.....	9	1	7	1	1	1	1	..	1	8
164f	Crushing.....	1	1	1	1	1
164g	Other or unspecified means.....	1	1	1
	Homicide by													
166	Firearms.....	8	42	8	40	..	..	..	..	..	..	..	..	9
167	Cutting or piercing instruments.....	2	27	1	26	1	1	1	..	..	..	..	..	40
168	Other means.....	6	14	6	14	..	..	..	..	..	..	..	..	6
	Accidents													
169	Railway.....	12	3	9	2	2	2	1	..	2	1	1	..	12
	Motor-vehicle accidents													
170a	Collisions between automobiles and trains.....	3	..	1	..	2	..	..	..	1	..	..	..	2
170b	Collisions between automobiles and streetcars.....	5	..	5	..	..	..	..	..	..	..	..	..	5
170c	Automobile accidents (except collisions with trains or streetcars).....	200	35	129	24	56	9	18	2	21	3	16	4	163
170d	Motorcycle accidents (except collisions with automobiles)	2	..	2	..	..	..	..	..	..	..	..	..	2
	Street car and other road-transport accidents.....	7	4	7	4	..	..	..	..	..	..	..	..	7
171	Water-transport accidents.....	10	2	7	2	1	..	..	..	..	..	..	..	7
172	Air-transport accidents.....	4	..	..	..	..	..	..	..	..	..	4	..	4
173	Agricultural and forestry.....	4	..	..	..	..	..	..	..	..	..	..	..	..
175	Other accidents involving machinery.....	8	2	8	1	1	1	..	..	..	..	..	..	8
176	Food poisoning.....	11	1	10	1	1	1	1	..	..	1	1	..	11
177	Absorption of poisonous gas.....	2	2	1	2	1	1	1	..	..	1	2	..	10
178	Acute accidental poisoning by solids or liquids.....	16	10	16	10	..	..	..	..	..	..	..	..	16
179	Conflagration.....	30	10	25	10	5	..	..	..	..	..	..	..	25
180	Burns (except conflagration).....	4	3	3	3	1	..	..	..	..	..	1	..	5
181	Mechanical suffocation.....	23	19	17	18	2	..	..	..	1	19	3	..	38
182	Drowning.....	2	..	1	..	1	..	..	..	..	..	..	..	2
183	Traumatism by Firearms.....	150	15	128	14	17	1	..	..	11	1	..	..	139
184	Cutting or piercing instruments.....	2	..	1	..	..	..	..	..	..	..	..	..	1
185	Falls.....	2	..	1	..	..	..	..	..	..	..	..	..	1
186a	Accidental injury by crushing.....	1	..	..	..	..	..	..	..	..	..	..	..	1
186b	Hunger or thirst.....	1	..	..	..	..	..	..	..	..	..	..	..	1
189	Excessive cold.....	3	1	1	1	1	..	..	..	..	..	..	..	3
190	Lightning.....	16	6	13	5	2	1	..	..	5	..	..	..	10
192	Due to electric currents.....	3	2	1	..	2	2	..	..	..	..	..	..	1
193	Other accidental deaths.....	3	..	..	..	..	..	..	..	..	..	..	..	3
195	Legal executions.....	..	..	..	..	..	..	..	..	..	..	..	..	..
198	Sudden death.....	..	..	..	..	..	..	..	..	..	..	..	..	..
	XVIII--ILL-DEFINED AND UNKNOWN CAUSES													
199	Ill-defined.....	1	..	1	..	..	..	..	..	..	..	1	..	1
200a	Found dead (cause unknown).....	2	..	2	..	..	..	..	..	..	1	2	..	2
200b	Unknown or unsuspected cause.....	..	..	..	..	..	..	..	..	..	..	..	..	..
200c	.....	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE NO. 11
RESIDENT AND RECORDED DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES
FOR TOTAL, WHITE AND COLORED POPULATIONS—1932-1941

YEAR	TYPHOID FEVER						MEASLES						SCARLET FEVER					
	NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION			NUMBER			RATE PER 100,000 POPULATION		
	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd
	3	1	2	0.3	0.1	1.2	0.3	2	1	0.3	0.3	0.6	2	1	1	0.2	0.1	0.6
RESIDENT	1	1	1	0.1	0.1	0.6	0.6	7	2	1.0	1.0	1.2	1	1	1	0.1	0.1	...
1941.....	1	1	1	0.1	0.1	0.6	0.6	7	2	1.0	1.0	1.2	1	1	1	0.1	0.1	...
1940.....	8	5	3	0.8	0.7	1.8	1.8	16	9	3.0	2.3	5.6	4	3	1	0.4	0.4	0.6
1939.....	7	4	3	0.8	0.6	1.9	1.9	6	1	0.8	0.9	0.6	4	5	1	0.5	0.4	0.6
1938.....	8	2	6	1.0	0.3	3.8	3.8	7	2	0.8	0.8	0.6	5	5	1	0.6	0.7	1.9
1937.....	9	8	1	1.1	1.2	0.6	0.6	2	2	1.1	0.2	0.3	13	10	3	1.6	1.5	1.9
1936.....	10	4	6	1.2	0.6	3.9	3.9	91	70	11.0	10.4	13.8	10	10	3	1.2	1.5	2.0
1935.....	2	2	1	0.2	0.3	0.7	0.7	1	1	0.1	0.1	...	22	19	3	2.7	2.8	2.0
1934.....	1	1	1	0.1	0.1	0.7	0.7	1	1	0.1	0.1	...	17	16	1	2.1	2.4	0.7
1933.....	6	4	2	0.7	0.6	1.2	1.2	6	4	0.7	0.6	1.2	1	1	1	0.1	0.1	0.6
1932.....	3	2	1	0.3	0.3	0.6	0.6	4	2	1.2	1.2	1.2	2	1	1	0.2	0.1	0.6
RECORDED	3	2	1	0.3	0.3	0.6	0.6	8	2	1.2	1.2	1.2	3	3	1	0.1	0.1	...
1941.....	13	8	5	1.5	1.2	3.1	3.1	10	8	1.2	1.2	1.2	3	3	1	0.4	0.4	0.6
1940.....	10	7	3	1.2	1.0	1.9	1.9	28	18	3.3	2.6	6.2	4	4	1	0.5	0.4	0.6
1939.....	8	2	6	1.0	0.3	3.8	3.8	8	7	1.0	1.0	0.6	8	8	1	1.0	1.2	1.9
1938.....	12	11	1	1.4	1.6	0.6	0.6	4	4	0.5	0.6	14.4	16	13	3	1.9	1.9	1.9
1937.....	11	5	6	1.3	0.7	3.9	3.9	97	75	11.7	11.1	14.4	12	12	3	1.4	1.8	2.0
1936.....	3	3	2	0.7	0.4	1.4	1.4	1	1	0.1	0.1	...	28	25	3	3.4	3.7	2.7
1935.....	6	4	2	0.7	0.6	1.4	1.4	1	1	0.1	0.1	...	19	18	1	2.3	2.7	0.7
1934.....	6	4	2	0.7	0.6	1.4	1.4	1	1	0.1	0.1	...	19	18	1	2.3	2.7	0.7
1933.....	6	4	2	0.7	0.6	1.4	1.4	1	1	0.1	0.1	...	19	18	1	2.3	2.7	0.7
1932.....	6	4	2	0.7	0.6	1.4	1.4	1	1	0.1	0.1	...	19	18	1	2.3	2.7	0.7
RECORDED	30	3	27	3.5	0.4	16.1	16.1	3	2	1.2	1.2	4.7	67	38	29	7.7	5.4	17.3
1941.....	24	11	13	2.8	1.6	7.8	7.8	1	1	0.3	0.3	0.6	56	41	15	6.5	5.9	9.0
1940.....	9	4	5	1.0	0.6	3.0	3.0	3	3	0.4	0.4	...	63	37	26	7.4	5.4	15.8
1939.....	19	7	12	2.2	1.0	7.4	7.4	3	3	0.4	0.4	...	68	37	31	6.2	5.4	9.9
1938.....	35	17	18	4.1	2.5	11.3	11.3	5	5	0.8	0.7	3.2	104	68	36	12.3	9.9	23.5
1937.....	36	13	23	4.3	1.9	14.6	14.6	8	3	1.0	0.4	3.2	76	57	19	8.4	8.4	23.1
1936.....	8	3	5	1.0	0.4	3.2	3.2	2	2	0.2	0.3	0.6	103	65	38	12.4	9.6	24.5
1935.....	56	32	24	6.8	4.7	15.7	15.7	6	4	0.7	0.6	1.3	63	43	21	7.6	6.6	13.8
1934.....	39	15	24	4.7	2.3	16.0	16.0	4	4	0.7	0.6	1.3	112	90	22	13.6	13.4	14.6
1933.....	36	23	13	4.4	3.4	8.8	8.8	3	2	1.2	1.2	4.7	127	92	35	15.5	13.7	23.7
1932.....	36	23	13	4.4	3.4	8.8	8.8	3	2	1.2	1.2	4.7	127	92	35	15.5	13.7	23.7
RECORDED	34	7	27	3.9	1.0	16.1	16.1	5	3	0.6	0.4	1.2	72	41	31	8.3	5.9	18.4
1941.....	30	17	13	3.5	2.4	7.8	7.8	3	2	0.6	0.3	0.6	56	43	15	6.7	6.2	9.0
1940.....	11	5	6	1.3	0.7	3.6	3.6	6	5	1.0	1.3	0.6	57	40	17	8.1	5.8	17.6
1939.....	21	9	12	2.5	1.3	7.4	7.4	5	5	0.7	0.7	0.6	67	39	28	8.7	5.7	11.1
1938.....	42	15	27	5.0	3.5	11.3	11.3	11	5	1.3	1.3	1.2	112	78	34	13.3	11.4	21.3
1937.....	39	14	25	4.9	2.2	15.2	15.2	10	5	1.2	0.7	3.2	103	64	39	12.4	9.4	22.1
1936.....	57	33	24	6.9	4.9	15.7	15.7	6	6	0.7	0.9	0.6	103	66	37	12.4	9.7	23.9
1935.....	41	16	25	5.0	2.4	16.6	16.6	7	4	0.8	0.6	1.3	118	85	33	14.3	14.1	15.3
1934.....	43	20	23	5.5	4.5	10.1	10.1	15	8	1.8	1.2	4.7	136	100	36	16.6	14.9	24.3
1933.....	43	20	23	5.5	4.5	10.1	10.1	15	8	1.8	1.2	4.7	136	100	36	16.6	14.9	24.3
1932.....	43	20	23	5.5	4.5	10.1	10.1	15	8	1.8	1.2	4.7	136	100	36	16.6	14.9	24.3

WHOOPIING COUGH

DIPHTHERIA

INFLUENZA

TUBERCULOSIS, ALL FORMS										PULMONARY TUBERCULOSIS										CANCER									
RESIDENT	811	355	456	93.7	50.9	271.4	760	339	421	87.8	48.6	250.6	1,368	1,162	206	158.0	166.5	122.6		1,368	1,162	206	158.0	166.5	122.6				
1941.....	816	393	423	94.9	56.7	253.0	769	378	391	89.4	45.8	233.9	1,294	1,081	213	150.4	155.9	107.4		1,294	1,081	213	150.4	155.9	107.4				
1940.....	673	336	337	78.7	48.7	204.6	631	316	315	73.8	54.5	191.2	1,237	1,060	177	144.7	153.6	107.4		1,237	1,060	177	144.7	153.6	107.4				
1939.....	711	379	332	83.7	55.1	204.6	668	359	309	78.6	52.2	190.4	1,217	1,054	163	143.2	153.3	107.4		1,217	1,054	163	143.2	153.3	107.4				
1938.....	861	452	409	102.0	66.0	255.9	810	427	383	96.0	62.4	239.6	1,205	1,034	171	142.7	151.1	107.0		1,205	1,034	171	142.7	151.1	107.0				
1937.....	836	433	403	99.7	63.5	252.9	790	417	373	94.2	61.2	237.0	1,146	984	166	132.8	139.1	105.4		1,146	984	166	132.8	139.1	105.4				
1936.....	808	416	392	96.9	61.4	252.9	757	400	357	90.8	59.0	230.3	1,114	984	162	137.5	145.1	104.5		1,114	984	162	137.5	145.1	104.5				
1935.....	813	411	402	98.2	60.9	263.4	751	393	358	90.7	58.2	234.6	1,125	973	152	135.9	144.1	99.6		1,125	973	152	135.9	144.1	99.6				
1934.....	816	453	363	99.2	67.4	241.6	755	431	324	91.8	64.1	215.6	1,084	940	144	131.8	139.8	95.8		1,084	940	144	131.8	139.8	95.8				
1933.....	870	447	423	106.5	66.8	285.9	803	412	391	98.3	61.5	263.3	1,006	863	143	123.1	129.0	96.7		1,006	863	143	123.1	129.0	96.7				
1932.....																													
RECORDED	547	247	300	63.2	35.4	178.6	490	230	290	56.6	33.0	154.8	1,593	1,370	223	183.9	196.3	132.7		1,593	1,370	223	183.9	196.3	132.7				
1941.....	604	297	307	70.2	42.8	183.6	554	276	278	64.4	39.8	166.3	1,488	1,262	226	172.9	182.0	135.2		1,488	1,262	226	172.9	182.0	135.2				
1940.....	561	267	294	65.6	38.6	178.5	512	244	268	59.9	35.3	162.7	1,400	1,207	193	163.7	174.8	117.2		1,400	1,207	193	163.7	174.8	117.2				
1939.....	553	278	275	65.0	40.4	169.4	505	256	249	59.4	37.2	163.4	1,352	1,184	168	159.1	172.2	103.5		1,352	1,184	168	159.1	172.2	103.5				
1938.....	678	335	343	80.3	48.9	214.6	620	304	316	73.4	44.4	197.7	1,376	1,182	194	163.0	172.7	121.4		1,376	1,182	194	163.0	172.7	121.4				
1937.....	680	338	342	81.1	49.6	217.3	627	316	311	74.8	46.4	197.6	1,269	1,095	174	151.3	160.7	110.5		1,269	1,095	174	151.3	160.7	110.5				
1936.....	676	326	350	81.1	48.1	225.8	617	305	312	74.0	45.0	201.3	1,284	1,114	170	154.1	164.2	109.7		1,284	1,114	170	154.1	164.2	109.7				
1935.....	650	300	350	78.5	44.5	229.3	579	276	303	69.9	40.9	198.5	1,277	1,115	162	154.2	165.1	106.1		1,277	1,115	162	154.2	165.1	106.1				
1934.....	647	342	305	78.6	50.8	203.0	581	315	266	70.6	46.8	177.0	1,185	1,035	150	144.1	154.0	99.8		1,185	1,035	150	144.1	154.0	99.8				
1933.....	707	342	365	86.5	51.1	246.7	628	299	329	76.8	44.7	222.4	1,140	983	157	139.5	146.9	106.1		1,140	983	157	139.5	146.9	106.1				
1932.....																													

HEART DISEASE										BRONCHOPNEUMONIA										LOBAR PNEUMONIA									
RESIDENT	3,366	2,773	593	388.7	397.3	353.0	277	191	86	32.0	27.4	51.2	350	181	169	40.4	25.9	100.6		350	181	169	40.4	25.9	100.6				
1941.....	3,331	2,761	570	387.1	398.3	340.9	308	211	97	35.8	30.4	58.0	320	182	117	37.2	29.3	74.7		320	182	117	37.2	29.3	74.7				
1940.....	2,970	2,536	434	347.4	367.4	263.5	363	249	114	42.4	36.1	69.2	305	180	123	35.7	26.4	87.5		305	180	123	35.7	26.4	87.5				
1939.....	2,916	2,461	455	343.2	358.0	280.4	405	278	127	47.7	40.4	78.3	359	217	142	42.2	31.6	94.0		359	217	142	42.2	31.6	94.0				
1938.....	2,758	2,369	389	326.7	346.2	243.4	481	350	131	57.0	51.1	82.0	557	333	224	66.0	48.6	140.2		557	333	224	66.0	48.6	140.2				
1937.....	2,602	2,145	457	310.2	314.8	290.3	474	316	158	56.5	46.4	100.4	549	289	260	65.4	42.4	165.2		549	289	260	65.4	42.4	165.2				
1936.....	2,334	1,956	378	281.3	288.4	243.8	485	345	140	58.2	50.9	90.3	499	280	219	59.9	41.3	141.3		499	280	219	59.9	41.3	141.3				
1935.....	2,297	1,933	364	277.4	286.2	238.5	456	306	150	55.1	45.3	98.3	524	325	199	63.3	48.1	130.4		524	325	199	63.3	48.1	130.4				
1934.....	2,256	1,887	369	274.3	280.7	245.6	477	346	131	58.0	51.5	87.2	483	327	206	58.7	41.2	137.1		483	327	206	58.7	41.2	137.1				
1933.....	2,139	1,765	374	261.8	263.8	232.8	482	344	138	59.0	51.4	93.3	503	284	219	61.6	42.4	148.0		503	284	219	61.6	42.4	148.0				
1932.....																													
RECORDED	3,366	2,800	586	391.0	401.1	348.8	288	201	87	33.2	28.8	51.8	365	194	171	42.1	27.8	101.8		365	194	171	42.1	27.8	101.8				
1941.....	3,357	2,785	572	390.1	401.7	342.1	295	225	94	37.1	32.5	56.2	347	232	115	40.3	33.5	98.8		347	232	115	40.3	33.5	98.8				
1940.....	2,978	2,550	428	348.3	369.4	259.8	376	219	107	44.0	37.5	71.9	333	202	131	38.9	29.3	79.5		333	202	131	38.9	29.3	79.5				
1939.....	2,910	2,463	447	342.5	358.3	275.5	424	267	127	48.0	43.2	78.3	391	246	145	46.0	35.8	89.4		391	246	145	46.0	35.8	89.4				
1938.....	2,757	2,370	381	326.6	347.2	238.4	504	365	139	58.7	53.3	87.0	609	375	234	72.1	54.8	146.4		609	375	234	72.1	54.8	146.4				
1937.....	2,605	2,154	454	310.9	316.1	288.4	498	346	158	58.4	52.6	100.4	592	324	268	70.6	47.6	170.2		592	324	268	70.6	47.6	170.2				
1936.....	2,314	1,937	372	277.4	285.1	243.2	489	337	182	59.9	52.6	91.6	548	319	229	65.8	50.3	133.6		548	319	229	65.8	50.3	133.6				
1935.....	2,297	1,925	372	277.4	285.1	243.2	485	328	167	58.6	48.6	102.9	544	340	204	65.7	47.0	147.7		544	340	204	65.7	47.0	147.7				
1934.....	2,255	1,887	368	274.2	280.7	244.9	503	372	131	61.2	55.3	87.2	508	298	210	61.8	50.3	139.8		508	298	210	61.8	50.3	139.8				
1933.....	2,170	1,789	361	265.6	267.4	237.6	508	362	146	62.2	54.1	98.7	540	312	228	66.1	46.6	154.1		540	312	228	66.1	46.6	154.1				
1932.....																													

TABLE NO. 11—Continued
 RESIDENT AND RECORDED DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES
 FOR TOTAL, WHITE AND COLORED POPULATIONS—1932-1941

YEAR	DIARRHEA AND ENTERITIS UNDER TWO YEARS					CHRONIC NEPHRITIS					PREMATURE BIRTH				
	NUMBER			RATE PER 100,000 POPULATION		NUMBER			RATE PER 100,000 POPULATION		NUMBER			RATE PER 100,000 POPULATION	
	Total	White	Col'd	Total	White	Total	White	Col'd	Total	White	Total	White	Col'd	Total	White
RESIDENT															
1941.....	144	66	78	16.6	9.4	1,008	713	295	116.4	102.1	210	131	88	25.3	18.8
1940.....	54	32	22	6.3	4.6	1,189	820	369	135.8	118.3	208	132	74	23.9	19.0
1939.....	45	24	21	5.3	3.5	1,037	700	337	118.9	114.4	163	105	58	19.1	15.2
1938.....	80	51	29	9.4	7.4	1,083	770	313	121.6	119.0	183	118	65	31.5	17.2
1937.....	66	51	15	8.2	7.4	1,067	828	239	123.5	121.0	198	128	70	23.4	18.7
1936.....	90	60	30	10.7	8.8	1,043	800	243	124.7	117.4	196	131	65	23.4	18.7
1935.....	65	41	24	7.8	6.0	1,042	793	249	125.0	116.9	223	150	73	26.8	22.1
1934.....	108	67	41	13.0	9.9	1,060	819	241	131.6	121.3	251	179	72	30.3	26.5
1933.....	60	38	22	7.3	5.6	1,187	911	276	144.3	138.5	252	157	95	30.6	23.4
1932.....	84	54	30	10.3	8.1	1,083	827	256	132.5	123.6	262	168	94	32.1	25.1
RECORDED															
1941.....	192	95	97	22.2	13.6	1,019	715	304	117.7	102.4	276	178	98	31.9	25.5
1940.....	63	41	22	7.3	5.9	1,183	820	363	137.5	118.3	250	165	85	29.0	23.8
1939.....	56	32	24	6.5	4.6	1,052	805	247	123.0	116.5	196	131	65	22.9	19.0
1938.....	94	60	34	11.1	8.7	1,090	820	270	128.3	119.3	231	151	80	26.0	22.0
1937.....	91	67	24	10.8	9.8	1,121	853	268	132.8	124.6	238	163	75	28.2	23.8
1936.....	103	67	36	12.3	9.8	1,066	813	253	127.1	119.3	222	155	67	26.5	22.7
1935.....	70	45	25	8.4	6.6	1,042	791	251	125.0	116.6	242	167	75	29.0	24.6
1934.....	129	84	45	15.6	12.4	1,098	820	278	132.6	121.4	254	181	73	30.7	26.8
1933.....	75	50	25	9.1	7.4	1,210	920	290	147.1	136.8	254	158	96	33.9	28.5
1932.....	99	64	35	12.1	9.6	1,092	836	256	133.6	124.9	265	170	95	32.4	25.4

TABLE NO. 12
RESIDENT AND RECORDED DEATHS UNDER ONE MONTH OF AGE, DEATHS UNDER ONE YEAR OF AGE, AND MATERNAL DEATHS WITH
CORRESPONDING DEATH RATES—1932-1941

YEAR	DEATHS UNDER ONE MONTH OF AGE						DEATHS UNDER ONE YEAR OF AGE						MATERNAL DEATHS					
	NUMBER			RATE PER 1,000 LIVE BIRTHS			NUMBER			RATE PER 1,000 LIVE BIRTHS			NUMBER			RATE PER 1,000 LIVE BIRTHS		
	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd
RESIDENT																		
1941.....	422	271	151	26.4	22.8	36.7	794	451	343	49.6	37.9	83.5	36	21	15	2.3	1.8	3.6
1940.....	382	241	141	27.8	23.8	39.1	641	387	254	46.7	38.3	70.4	28	15	13	2.0	1.5	3.6
1939.....	300	194	106	24.0	21.1	32.0	511	302	209	40.8	32.8	63.1	45	28	17	3.6	3.0	5.1
1938.....	364	239	125	27.6	24.2	37.7	683	429	254	51.7	43.4	76.6	44	29	15	3.3	2.9	4.5
1937.....	348	223	125	27.8	23.8	39.7	664	393	271	53.1	41.9	86.1	42	28	14	3.4	3.0	4.4
1936.....	351	250	131	32.3	27.9	46.0	763	461	302	64.7	51.5	106.2	49	35	14	4.2	3.9	4.9
1935.....	392	273	119	31.8	29.2	40.1	673	432	241	54.6	46.1	81.2	67	40	27	5.4	4.3	9.1
1934.....	419	307	112	34.3	33.4	37.3	803	536	267	65.8	58.3	88.9	71	52	19	5.8	5.7	6.3
1933.....	429	286	143	35.2	31.3	46.7	749	484	265	61.4	53.0	86.6	59	39	20	4.8	4.3	6.5
1932.....	464	320	144	36.3	32.9	47.2	805	528	277	63.0	54.2	90.9	62	46	16	4.8	4.7	5.2
RECORDED																		
1941.....	536	365	171	27.6	24.3	38.7	987	600	387	50.9	40.0	87.7	44	27	17	2.3	1.8	3.8
1940.....	477	319	158	28.9	25.4	40.6	785	507	278	47.6	40.3	71.4	41	25	16	2.5	2.0	4.1
1939.....	367	251	116	24.7	22.1	32.8	640	401	239	43.0	35.3	67.6	59	38	21	4.0	3.3	5.9
1938.....	431	296	135	28.2	25.2	38.4	815	535	280	53.4	45.5	79.7	56	36	20	3.6	3.1	5.7
1937.....	427	289	138	29.9	26.5	41.2	817	512	305	57.2	46.9	91.0	64	43	21	4.5	3.9	6.3
1936.....	437	299	138	32.9	29.1	45.9	894	568	326	67.3	55.3	108.5	62	44	18	4.7	4.3	6.0
1935.....	440	315	125	32.3	29.9	40.1	775	519	256	56.8	49.3	82.1	82	47	35	6.0	4.5	11.2
1934.....	434	320	114	32.3	31.0	36.2	877	601	276	65.2	58.3	87.8	83	60	23	5.8	5.8	7.3
1933.....	441	295	146	32.9	28.9	45.7	824	544	280	61.5	53.3	87.6	75	54	21	5.6	5.3	6.6
1932.....	477	329	148	34.1	30.4	46.6	869	571	298	62.0	52.7	93.9	79	59	20	5.6	5.4	6.3

TABLE NO. 13
CASES OF REPORTABLE DISEASES CLASSIFIED ACCORDING TO SEX, COLOR AND AGE PERIODS—1941

[illegible]

[illegible]

TABLE NO. 13—Continued
CASES OF REPORTABLE DISEASES CLASSIFIED ACCORDING TO SEX, COLOR AND AGE PERIODS—1941

[illegible]

[illegible]

REPORT OF THE HEALTH DEPARTMENT—1941

TABLE NO. 13—Continued

[illegible]

TABLE NO. 14

REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN
COMMUNICABLE DISEASES FOR TOTAL, WHITE AND COLORED
POPULATION—1930-1941

DISEASE	YEAR	TOTAL REPORTED CASES	RATE PER 100,000 POPULA- TION	WHITE		COLORED	
				REPORTED CASES	RATE PER 100,000 POPULA- TION	REPORTED CASES	RATE PER 100,000 POPULA- TION
TYPHOID FEVER (not including paratyphoid fever)	1941.....	35	4.0	21	3.0	14	8.3
	1940.....	23	2.7	15	2.2	8	4.8
	1939.....	24	2.8	14	2.0	10	6.1
	1938.....	51	6.0	35	5.1	16	9.9
	1937.....	68	8.0	40	5.8	28	17.5
	1936.....	40	5.8	32	4.7	17	10.8
	1935.....	69	8.3	58	8.6	11	7.1
	1934.....	81	9.8	58	8.6	23	15.1
	1933.....	53	6.4	46	6.8	7	4.6
	1932.....	85	10.4	64	9.6	21	14.2
	1931.....	107	13.2	75	11.3	32	22.0
	1930.....	132	16.4	96	14.5	36	25.1
MEASLES	1941.....	4,458	514.8	3,572	511.7	886	527.4
	1940.....	88	10.2	76	11.0	12	7.2
	1939.....	11,833	1,383.9	10,663	1,544.6	1,170	710.3
	1938.....	1,119	131.7	861	125.3	258	159.0
	1937.....	9,227	1,093.0	8,140	1,189.4	1,087	680.1
	1936.....	4,361	519.9	4,050	594.4	311	197.6
	1935.....	533	64.0	453	66.8	80	51.6
	1934.....	18,612	2,248.0	16,307	2,414.8	2,305	1,510.2
	1933.....	128	15.6	100	14.9	28	18.6
	1932.....	165	20.2	150	22.4	15	10.1
	1931.....	15,019	1,850.4	13,654	2,050.0	1,365	937.6
	1930.....	451	55.9	400	60.3	51	35.6
SCARLET FEVER	1941.....	857	99.0	689	98.7	168	100.0
	1940.....	571	66.4	459	66.2	112	67.0
	1939.....	508	69.9	477	69.1	121	73.5
	1938.....	1,092	128.5	954	138.8	138	85.0
	1937.....	810	96.0	737	107.7	73	45.7
	1936.....	1,046	124.7	979	143.7	67	42.6
	1935.....	1,609	203.9	1,595	235.1	104	67.1
	1934.....	1,358	164.0	1,258	186.3	100	65.5
	1933.....	2,075	252.3	1,948	289.8	127	84.5
	1932.....	2,094	256.3	2,011	300.5	83	56.1
	1931.....	1,245	153.4	1,171	175.8	74	50.8
	1930.....	1,777	220.4	1,700	256.4	77	53.7
WHOPING COUGH	1941.....	2,560	295.6	1,672	239.5	888	528.6
	1940.....	5,258	611.1	4,124	594.9	1,134	678.3
	1939.....	1,575	184.2	1,136	164.6	439	266.5
	1938.....	1,548	182.2	897	130.5	651	401.2
	1937.....	3,661	433.7	3,184	465.2	477	298.4
	1936.....	3,570	425.6	2,443	358.5	1,127	716.0
	1935.....	1,100	132.0	998	147.1	102	65.8
	1934.....	4,566	530.6	4,035	597.5	531	347.9
	1933.....	2,059	250.3	1,398	208.0	661	439.9
	1932.....	3,759	460.0	3,384	505.7	375	253.5
	1931.....	3,294	405.8	2,661	399.5	633	434.8
	1930.....	1,028	127.5	961	145.0	67	46.8

TABLE NO. 14—Continued
 REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN
 COMMUNICABLE DISEASES FOR TOTAL, WHITE AND COLORED
 POPULATION—1930-1941

DISEASE	YEAR	TOTAL REPORTED CASES	RATE PER 100,000 POPULA- TION	WHITE		COLORED	
				REPORTED CASES	RATE PER 100,000 POPULA- TION	REPORTED CASES	RATE PER 100,000 POPULA- TION
DIPHTHERIA	1941.....	47	5.4	36	5.2	11	6.5
	1940.....	49	5.7	37	5.3	12	7.2
	1939.....	67	7.8	61	8.8	6	3.6
	1938.....	125	14.7	103	15.0	22	13.6
	1937.....	257	30.4	198	28.9	59	36.9
	1936.....	146	17.4	118	17.3	28	17.8
	1935.....	119	14.3	100	14.7	19	12.2
	1934.....	108	13.0	91	13.5	17	11.1
	1933.....	137	16.6	122	18.1	15	10.0
	1932.....	254	31.1	196	29.3	58	39.2
	1931.....	416	51.2	318	47.7	98	67.3
	1930.....	522	64.7	437	65.9	85	59.3
PULMONARY TUBERCULOSIS	1941.....	1,842	212.7	885	128.5	957	569.6
	1940.....	1,474	171.3	755	108.9	719	430.0
	1939.....	1,430	167.2	678	98.2	752	450.5
	1938.....	1,613	189.8	875	127.3	738	454.8
	1937.....	1,755	207.9	1,012	147.9	743	464.9
	1936.....	1,497	178.5	862	126.5	635	403.4
	1935.....	1,708	205.0	982	144.8	726	468.4
	1934.....	1,372	165.7	811	120.1	561	367.6
	1933.....	1,375	167.2	880	130.9	495	329.4
	1932.....	1,187	145.3	720	107.6	467	315.7
	1931.....	1,391	171.4	903	135.6	488	335.2
	1930.....	1,254	155.5	803	121.1	451	314.8

APPENDIX

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ORDINANCE ON THE HYGIENE OF HOUSING

An ordinance to add eight (8) new sections to Article 16 of the Baltimore City Code of 1927, title "Health", said new sections requiring that dwellings be kept clean and free from dirt, filth, rubbish, garbage and similar matter, and from vermin and rodent infestation and in good repair fit for human habitation, and authorizing the Commissioner of Health of Baltimore City to issue orders compelling the compliance with said provisions, or to correct the condition, at the expense of the property owner, and charge the property with a lien to the extent of the necessary expenses.

SECTION 1. *Be it ordained by the Mayor and City Council of Baltimore*, That eight (8) new sections be added to Article 16 of the Baltimore City Code of 1927, title "Health", sub-title "Nuisances and Prevention of Diseases", said new sections to be under the sub-heading "Dwellings", to follow Section 156, and read as follows:

156A. Every dwelling and every part thereof shall be kept clean and free from any accumulation of dirt, filth, rubbish, garbage or similar matter, and shall be kept free from vermin or rodent infestation. All yards, lawns and courts shall be similarly kept clean and free from rodent infestation. It shall be the duty of each occupant of a dwelling unit to keep in a clean condition that portion of the property which he occupies or over which he has exclusive control. If the occupant shall fail to keep his portion of the property clean the Commissioner of Health may send a written notice to the occupant to abate such nuisance within the time specified in said notice. Failure of the occupant to comply with such notice shall be deemed a violation of this ordinance and upon conviction the occupant shall be subject to the penalty or penalties herein provided.

It shall be unlawful for any person willfully or maliciously to deposit any material in any toilet, bath tub, sink or other plumbing fixture which may result in the obstruction of any sanitary sewer. This liability on the part of the occupant shall not relieve the owner of the responsibility of cleaning any resultant chokeage but shall subject the occupant to the penalties of this ordinance upon proper proof of such willful or malicious act.

156B. Every dwelling and every part thereof shall be maintained in good repair by the owner or agent, and fit for human habitation. The roof shall be maintained so as not to leak, and all rain water shall be drained and conveyed therefrom so as not to cause dampness in the walls or ceilings.

156C. Whenever any dwelling, or any building, structure, excavation, business pursuit, matter, condition or thing in or about a dwelling or the lot on which it is situated, or the plumbing, sewerage, drainage, light or ventilation thereof, is found by the Commissioner of Health to be dangerous or detrimental to life or health, the Commissioner of Health may order that the matter, condition or thing be removed, abated, suspended, altered or otherwise improved, as his order shall specify. If any such order of the Commissioner of Health, issued under the authority of the provisions of this Section, is not complied with within ten days after the service thereof, or within such shorter time as he may designate as being necessary under the circumstances, then such order may be executed by said Commissioner of Health through his officers, agents, employees or contractors, and the expense incurred incident to said order shall be paid by the owner of said property, and until so paid shall be a lien upon the realty and recoverable as other liens on realty in Baltimore City, or he may order the premises vacated.

156D. Before proceeding to execute such order, the Commissioner of Health shall post a notice on the front of the building, stating that since such order was not complied with within the time mentioned in said notice, the Commissioner of Health will proceed to execute the same at the expiration of an additional five days and charge the cost thereof to the owner of the premises. A copy of such notice shall be sent to the owner of the property, or his agent, if names and addresses, on diligent search, can be ascertained, and such notice shall be posted on said premises at least five days before the Commissioner of Health proceeds to incur expenses, unless the condition is of such a character requiring immediate action, in which case the time of the notice shall be such as, in the judgment of the Commissioner of Health, is reasonable and proper. The Commissioner of Health shall deliver a copy of said expenses to the Bureau of Liens, and the clerk in charge of said bureau shall record or file the same in a book or file open to public inspection.

156E. Whenever it shall be found by the Commissioner of Health that a dwelling is unfit for human habitation, or dangerous to life or health by reason of want of repair, of defects in the drainage, plumbing, lighting, ventilation or the construction of the same, or by reason of the existence on the premises of any condition likely to cause sickness or injury among the occupants of said dwelling, or for any other causes affecting the public health, the Commissioner of Health may issue an order requiring such dwelling to be vacated. A copy of such order shall be posted on the front of the dwelling at least ten days before it shall be effective, unless the situation is of a character requiring immediate action, in which case the effective time of the order shall be such as in the judgment of the Commissioner of Health is reasonable and proper. A copy of such order shall be sent to the owner of the property, or his agent, if names and addresses, on diligent search, can be ascertained. The dwelling so ordered to be vacated shall not again be occupied until a written statement shall have been secured from the Commissioner of Health, showing that the dwelling or its occupation has been made to comply with this or any other existing law.

156F. Whenever any person or persons shall be in actual possession of or have charge, care or control of any property within the city, as executor, administrator, trustee, guardian or agent, such person shall be deemed and taken to be the owner or owners of such property within the true intent and meaning of this ordinance, and shall be bound to comply with the provisions of this ordinance to the same extent as the owner, and notice to any such person of any order or decision of the Commissioner of Health shall be deemed and taken to be a good and sufficient notice, as if such person or persons were actually the owner or owners of such property.

156G. The Commissioner of Health is hereby authorized and empowered to make and adopt such rules and regulations as he may deem proper and necessary for the enforcement of this ordinance for the better protection of the health of the city.

156H. Any person violating any of the provisions of this ordinance, or any lawful order or regulation made and adopted by the Commissioner of Health in pursuance thereof, shall be guilty of a misdemeanor and shall be subject to a fine not exceeding \$50.00 and each day's violation shall constitute a separate offense.

SECTION 2. *And be it further ordained*, That this ordinance shall take effect from the date of its passage.

Approved March 6, 1941.

HOWARD W. JACKSON, *Mayor*.

ROOMING HOUSE ORDINANCE*

Sections 111-127 of Article 16 of the Baltimore City Code of 1927 as amended by Ordinance No. 18, Approved July 9, 1931, and Ordinance No. 507, Approved June 28, 1941.

An ordinance providing for the regulation of hotels, rooming houses and lodging houses within the City of Baltimore, and providing penalties for violation thereof.

111. No person shall conduct, keep, manage, operate or cause to be conducted, kept, managed or operated either as owner, lessee, agent or in any other capacity, any hotel, rooming house or lodging house within the corporate limits of the City of Baltimore, without having first obtained a permit from the Commissioner of Health of the City of Baltimore entitling him to do so, for the issuance of which permit the Commissioner of Health shall charge a license fee of Two Dollars (\$2.00), which permit shall cover a period of one year from the date of its issue, but the said permit may be renewed upon application to the Commissioner of Health by the owner, lessee, agent or other person conducting, keeping, managing or operating the said hotel, rooming house or lodging house upon the approval of such renewal by the Commissioner of Health and for the renewal of each permit the said Commissioner of Health shall charge a fee of One Dollar (\$1.00).

112. For the purposes of this sub-title the word "person" shall mean and include natural persons, co-partnerships, corporations and associations, and shall include persons of both sexes.

113. For the purpose of this sub-title, a hotel, rooming house or lodging house shall be and is deemed to be any house or building occupied as the abiding place of five or more individuals, who are not related to the owner or lessee of such house or building and who are lodged in such house or building with or without meals, and in which sleeping rooms, as a rule, are offered to the public for rental or hire singly and as separate units from the other rooms in such house or building.

114. The Commissioner of Health, before granting any permit hereunder provided for, shall examine into and investigate the character and qualifications of applicants therefor.

115. No permit shall be issued to any person to conduct a hotel, rooming house or lodging house, within the City of Baltimore, unless such person is of ascertained good moral character, and when application for such permit is made the applicant shall present himself in person to the Commissioner of Health, and, at such time, present to such Commissioner of Health satisfactory proof of good moral character. When application for a permit is made by or on behalf of a co-partnership, corporation or association, such application shall be made by the manager, officer, agent or other person who will have the charge and management of such hotel, rooming house or lodging house.

116. No permit issued as in this sub-title provided shall be transferred or assigned.

* By Ordinance No. 507 approved June 28, 1941, Sections 113, 118 and 126 of Article 16 of the Baltimore City Code of 1927 dealing with hotels and rooming houses were repealed and reordained with amendments, as set forth above. Ordinance No. 507 took effect from the date of its passage, this was June 28, 1941. See August, 1941 issue of *Baltimore Health News*.

117. No person to whom a permit shall be issued, as provided in this sub-title, shall suffer or permit the hotel, rooming house or lodging house, to which such permit relates, to be used as a house of ill-fame, brothel, bawdy house or disorderly house, for the purpose of prostitution, fornication or lewdness; or knowingly suffer any lascivious cohabitation, adultery, fornication or other immoral practice to be carried on therein.

118. The person to whom a permit shall be issued as provided in this sub-title shall keep and maintain the hotel, rooming house or lodging house to which such permit relates in a cleanly and sanitary condition, and in accordance with all ordinances of the Mayor and City Council of Baltimore relating or pertaining to the hygiene and sanitation of dwellings or houses, and in accordance with such rules and regulations as the Commissioner of Health shall adopt as herein provided; and the Commissioner of Health is hereby authorized and empowered to revoke the permit of any person who refuses, neglects or fails to comply with any of the provisions of this sub-title or any of the provisions of any of the aforesaid ordinances or any of the rules or regulations adopted by the Commissioner of Health as aforesaid; and the Commissioner of Health is hereby authorized and empowered to issue such orders and to make and adopt such rules and regulations as he may deem proper and necessary for the enforcement of this sub-title for the protection of the health of the inhabitants of the City of Baltimore.

119. No person to whom a permit shall have been issued to conduct and operate a hotel, rooming house or lodging house, shall in said hotel, rooming house or lodging house sell, barter or exchange spirituous, malt or vinous liquors, or knowingly suffer, permit or allow any spirituous, malt or vinous liquors to be sold, bartered or exchanged, without first having procured a license authorizing him to sell or dispose of such liquors.

120. Every person to whom a permit shall have been issued to conduct a hotel, rooming house or lodging house, shall, at all times, keep a standard hotel register, in which shall be inscribed the names of all guests or persons renting or occupying rooms in such house; which register shall be signed by the person renting a room or rooms, or by some one under his direction. Such registration must be made, and after the name or names are so inscribed or registered, the manager of the hotel, rooming house or lodging house, or his agent, shall write the number of the room or rooms which such guests or person is to occupy, together with the time when such room is rented. All of which shall be done before such person is permitted to occupy such room or rooms. Such register shall be at all times open to inspection by any guest of the house wherein such register is kept, and to any executive or peace officer of the City of Baltimore, or of the State of Maryland.

121. It shall be unlawful for any person to write or cause to be written in any hotel register, any other or different name than the true name of such person or the name by which such person is generally known.

122. No room shall be assigned to two persons of the opposite sex, except in the case of children accompanied by parent or guardian, unless such persons shall be registered as husband and wife.

123. Any person to whom a permit shall have been issued, as provided in this sub-title, shall cause each sleeping room and apartment in such hotel, rooming house or lodging house, to which such permit relates, to be numbered in a plain and conspicu-

ous manner, the number to be placed on the outside of the door to such room, and no two doors shall bear the same number.

124. Where a permit shall have been issued to any co-partnership, corporation, or association to conduct a hotel, rooming house or lodging house, any person having charge, management or control of such hotel, rooming house or lodging house, shall be liable to prosecution for any violation of the provisions of this sub-title.

125. For the purpose of determining the liability of any person or persons to prosecution for violation of any of the provisions of this sub-title, it shall be sufficient to show that such person was at the time of the act of violation complained of the person in actual charge, management or control of the hotel, rooming house or lodging house in which such act is alleged to have been committed.

126. Any person violating any of the provisions of this sub-title, or any lawful order, rule or regulation issued, made or adopted by the Commissioner of Health, pursuant to the authority granted to him by the provisions of this sub-title, shall be guilty of a misdemeanor and shall be subject to a fine not exceeding \$100.00.

127. Nothing in this sub-title contained shall be construed to apply to any eleemosynary, religious, benevolent or charitable association.

RETAIL MILK DISTRIBUTING REGULATIONS

DEFINITIONS

REGULATION 1. Definitions. When used in these regulations the term "person" means a corporation, association, firm or individual; the term "milk plant" means any place, building or structure where milk or cream is received, processed, stored, pasteurized, bottled or otherwise handled; the term "milk and milk products" means whole or skimmed milk, chocolate milk, buttermilk, sweet and sour cream and any other milk product. The term "retail milk distributor" means a person who purchases milk and milk products for resale and delivery in the original unbroken package from a milk plant holding a Baltimore City Health Department permit.

PERMITS

REGULATION 2. Permits. No person other than the holder of a Milk Plant Permit or a Retail Milk Permit shall sell or offer for sale milk or milk products in Baltimore City without a Retail Milk Distributing Permit issued by the Commissioner of Health.

Application for said permit shall be made in writing upon a form prescribed by the Commissioner of Health and the applicant, if an individual, association or firm, shall state therein his or their full name and residence, and if a corporation, shall state therein the name of such corporation and the full name and residence of each of its officers.

Such application shall also state the name and address of the milk plant from which the applicant proposes to purchase milk and milk products, the number and character of wagons or other vehicles to be used by the applicant in or about his business and the license number of each and every vehicle to be used.

The Commissioner of Health upon receipt of such application shall in each case cause an investigation to be made of the accuracy and the truth of the statements contained therein and of the wagons or vehicles intended to be used by the applicant

and if such are found upon investigation to be satisfactory he shall issue a Retail Milk Distributing Permit.

Retail Milk Distributing Permits may be revoked by the Commissioner of Health at any time in accordance with the provisions of Section 52 of Article 16 of the Baltimore City Code of 1927 for failure to comply with the requirements of the City Milk Ordinance or with any rules or regulations adopted by the Commissioner of Health thereunder.

REGULATION 3. Display of Permit. The Retail Milk Distributing Permit shall be conspicuously displayed in the milk plant from which the holder of such permit operates and shall expire one year from date of issue.

All wagons, trucks or other vehicles used by the holder of a Retail Milk Distributing Permit for the sale or delivery of milk or milk products shall have conspicuously displayed on each outer right and left side the name, address and permit number of the retail milk distributing permittee. The permit number shall be in figures not less than three inches in height around which shall be arranged in a circle the letters "BCHD RETAIL," in letters of readable size.

GENERAL

REGULATION 4. General. No milk or milk products shall be obtained by the holders of Retail Milk Distributing Permits from any milk plant other than the one designated on the application for such permit, without the written permission of the Commissioner of Health.

No milk or milk products shall be offered for sale, sold or delivered by the holder of a Retail Milk Distributing Permit unless such milk or milk products are kept, offered for sale, sold or delivered in individual sanitary glass bottles or other individual containers approved by the Commissioner of Health, and which containers were filled and capped or sealed at the milk plant from which such milk or milk products were obtained. All caps, labels, seals and containers used in the sale, distribution or delivery of milk and milk products shall bear the address of the milk plant from which such milk and milk products were purchased and all wording, designs and colors appearing on such caps, labels, seals and containers shall be approved by the Commissioner of Health.

All milk and milk products during the period of delivery shall be maintained at a temperature of 60 degrees Fahrenheit or lower and shall be adequately protected from dust or other contamination.

All milk and milk products not sold or delivered by the retail milk distributors shall be returned to the milk plant from which obtained the same day as received.

A daily record of the purchases and the return of milk and milk products shall be made out and signed by the driver of each conveyance used in the retail distributing of milk and milk products. The record shall be verified by the signature of an employee designated for that purpose by the milk plant where such milk and milk products are purchased, and shall be kept on file at the milk plant; and in addition said driver shall note on the record the amount of sales. Such records shall bear the name and permit number of the retail milk distributor and shall be available at the milk plant at all times for examination by the Commissioner of Health or his authorized representative.

No conveyance shall be used for the sale or delivery of milk and milk products by a holder of a Retail Milk Distributing Permit until and unless such conveyance shall

have been inspected and approved by the Commissioner of Health or his representative. All approved conveyances shall carry at all times in a conveniently located rack or frame a card of approval issued by the Commissioner of Health, and such conveyances shall be kept in a clean and sanitary condition at all times.

Date adopted: March 13, 1941.

Date effective: March 13, 1941.

Huntington Williams, M.D.

Commissioner of Health.

OCCUPATIONAL DISEASE REGULATION

REGULATION 3. Mercurial carroting. For the purpose of carrying out the provisions of this regulation the following terms are defined:

Hatters' Fur is any animal fiber or other substance used in the manufacture of hats, which is treated or otherwise prepared by the process of, or in a manner similar to that of, carroting.

Carroting is the process of treating hatters' fur with mercury nitrate or any other solution or material for the purpose of rendering the hatters' fur suitable in the manufacture of hats.

Mercurial Carrot is any solution or material containing mercury or its compounds in combination with nitric acid or other materials and used in the carroting or preparation of hatters' fur.

The use of mercurial carrot in the preparation of hatters' fur or the use of mercurial carroted hatters' fur in the manufacture of hats is prohibited.

Date adopted: September 25, 1941.

Date effective: December 1, 1941.

Huntington Williams, M.D.

Commissioner of Health.

STATE POST MORTEM EXAMINER LAWS OF 1941

CHAPTER 6

AN ACT to repeal and re-enact, with amendments, Section 1 of Article 22 of the Annotated Code of Maryland (1939 Edition), title "Post Mortem Examiners," to substitute the Superintendent of Maryland State Police in place of the Attorney General as a member of the Commission having charge of the department.

SECTION 1. *Be it enacted by the General Assembly of Maryland, That* Section 1 of Article 22 of the Annotated Code of Maryland (1939 Edition), title "Post Mortem

Examiners," be and it is hereby repealed and re-enacted, with amendments, to read as follows:

1. The Department of Post Mortem Examiners is hereby created and established. The head of said Department shall be a Commission, consisting of the Professor of Pathology of the University of Maryland, the Professor of Pathology of the Johns Hopkins University, the Director of Health of the State of Maryland, the Commissioner of Health of Baltimore City and the Superintendent of Maryland State Police. The members of said Commission shall serve without compensation and shall select one of its members as Chairman, and one as Vice-Chairman, who shall act as Chairman in the absence or inability of the Chairman.

SEC. 2. *And be it further enacted*, That this Act shall take effect on June 1, 1941.

Approved February 14, 1941.

CHAPTER 70

AN Act to repeal and re-enact, with amendments, Section 2 of Article 22 of the Annotated Code of Maryland (1939 Edition), title "Post Mortem Examiners," and to add a new section to said Article, said new section to be known as Section 3A and to follow immediately after Section 3 of said Article, providing for such additional professional or technical personnel as may be authorized by the Board of Estimates of Baltimore City, and authorizing the Commission to adopt rules and regulations to make the provisions of this Article effective.

SECTION 1. *Be it enacted by the General Assembly of Maryland*, That Section 2 of Article 22 of the Annotated Code of Maryland (1939 Edition), title "Post Mortem Examiners," be and it is hereby repealed and re-enacted, with amendments, and that a new section be and it is hereby added to said Article 22, said new section to be known as Section 3A, to follow immediately after Section 3 of said Article, and all to read as follows:

2. The said Commission is hereby authorized and directed to appoint three medical examiners, one to be known as Chief Medical Examiner, at an annual salary of \$6,500, and the other two as Assistant Medical Examiners, at an annual salary of \$5,000 each. The Chief Medical Examiner and the Assistant Medical Examiners shall be licensed Doctors of Medicine, and shall have had at least two years post-graduate training in pathology. The said Commission shall appoint, to such extent as may be authorized by the Board of Estimates of Baltimore City, such other professional or technical personnel, clerks and other employees as may be necessary for the proper administration of the Department and at such compensation as may be provided for by said Board of Estimates in the Ordinance of Estimates of Baltimore City. The salaries of said Examiners shall be included in the Ordinance of Estimates each year. Such other professional or technical personnel and the clerks and employees shall be appointed in accordance with the provisions of Section 268 to 284, inclusive, of the Baltimore City Charter (1938 Edition), known as the Merit System.

Nothing in this section shall be construed to prevent the Commission from employing the services of physicians on a contract basis for part time service, as may be authorized by the Board of Estimates of Baltimore City.

3A. The said Commission is hereby authorized to adopt and promulgate such rules and regulations not inconsistent with law as it may deem necessary to make effective the provisions of this Article.

SEC. 2. *And be it further enacted*, That this Act shall take effect June 1, 1941.

Approved April 15, 1941.

STATE REGULATION FOR SODIUM FLUORIDE

Pursuant to the powers conferred upon the State Department of Health by Section 269, Article 43, of the Annotated Code of Maryland, the following regulation governing the sale of sodium fluoride and preparations containing sodium fluoride to be used as insecticides is hereby adopted:

No person, firm, corporation, partnership, or association, shall give away, sell, or offer for sale, or use as an insecticide or exterminator, any sodium fluoride in powder form, or any preparation in powder form containing sodium fluoride or other salt of hydrofluoric acid, unless said powders are distinctly colored Nile blue, as designated by Ridgway's *Color Standards and Nomenclature* or Maerz and Paul's *A Dictionary of Color*.

This regulation shall not be construed to apply to the use of compounds or preparations of fluorine, or to the use of salts of hydrofluoric acid used for industrial or agricultural purposes.

Date adopted: May 29, 1941.

Date effective: June 15, 1941.

Maryland State Board of Health
Robert H. Riley, M.D.
Chairman.

THE HISTORY OF THE
CITY OF BOSTON
FROM THE FIRST SETTLEMENT
TO THE PRESENT TIME
IN TWO VOLUMES
BY NATHANIEL BENTLEY
OF THE BARR

THE FIRST VOLUME
CONTAINING THE HISTORY
FROM THE FIRST SETTLEMENT
TO THE YEAR 1780
LONDON: PRINTED BY J. JOHNSON, ST. PAULS CHURCH-YARD, 1787

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